APHIA*plus* Northern Arid Lands

Quarterly Program Report

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USAID FROM THE AMERICAN PEOPLE

APHIA PLUS NORTHERN ARID LANDS

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LIST OF ABBREVIATIONS

AAC	Area Advisory Committee
AB	Abstinence and/or Being Faithful
AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
APHIA	AIDS, Population and Health Integrated Assistance Program
APR	Annual Progress Report
ARIFU	AIDS Response in Forces in Uniform (Project)
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communications
BTL	Bilateral Tubal Ligation
C4M	Care for Mothers
CT	Counselling and Testing
CACC	Constituency AIDS Control Committee
CBT	Capacity-building Team
CCC	Comprehensive Care Center
CDC	Centers for Disease Control and Prevention
CDF	Constituency Development Fund
CHANIS	Child Health and Nutrition Information System
CHBC	Community and Home-Based Care
CHC	Community Health Committees
CHV	Community Health Volunteer
CIC	Community Implementation Committee
CME	Continuing Medical Education
CORP	Community-Own Resource Person
CTS	Clinical Training Skills
CSI	Child Survival Index
DASCO	District AIDS and STI Control Officer
DCC	District Community Coordinator
DFC	District Facility Coordinator
DHMT	District Health Management Team
DHRIO	District Health Records Information Officer
DHSF	District Health Stakeholders Forum
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease
DMS	Director of Medical Services
DMLT	District Medical Laboratory Technologist
DTC	Diagnostic Testing and Counselling
DQA	Data Quality Audit
DRH	Division of Reproductive Health
EID	Early Infant Diagnosis
EHP	Emergency Hiring Plan
EMOC	Emergency Obstetric Care
ESD	Extending Service Delivery
FBO	Faith-based Organization
FPPS	Family Programmes Promotion Services
FHI	Family Health International
FRL	Female Religious Leaders
GOK	Government of Kenya
GPS	Global positioning system
GIS	Geographic Information System

HAART	Highly Active Antiretroviral Therapy
HBC	Home-based Care
HCBC	Home and Community-Based Care
HCSM	Health Commodities and Services Management
HCT	HIV Counselling and Testing
HCW	Health Care Worker
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HR	Human Resources
HRM	Human Resources Management
HRH	Human Resources for Health
HRIO	Health Records and Information Officer
HTSP	Healthy Timing and Spacing of Pregnancies
ICB	Institutional Capacity-building
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IP	Implementing Partner
IUFD	Intrauterine Foetal Death
IYCF	Infant and Young Child Feeding
KAIS	Kenya AIDS Indicator Survey
KCIU	Kenya Council of Imams and Ulamaa
KEMRI	Kenya Medical Research Institute
LIP	Local Implementing Partner
LLITN	Long-Lasting Insecticide-Treated Nets
LMS	Leadership, Management and Sustainability
LOC	Locational OVC Committee
LOE	Level of Effort
LOP	Life of Project
M&E	Monitoring and Evaluation
MARP	Most at Risk Population
MDR-TB	Multi-Drug Resistant Tuberculosis
MLS	Management and Leadership Specialist
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MOMS	Ministry of Medical Services
MT	Magnet Theatre
MSH	Management Sciences for Health
MTC	Medical Training College
NACC	National AIDS Control Council
NAL	Northern Arid Lands
NASCOP	National HIV and AIDS and STI Control Program
NCAPD	National Coordinating Agency for Population and Development
NCCS	National Council of Children Services
NEPTRC	North Eastern Province and Tana River County
NEPHIAN	North Eastern Province HIV and AIDS Network
NEWS	North Eastern Welfare Society
NHSSP	National Health Sector Strategic Plan
NHP	Nutrition and HIV Project
NOPE	National Organization of peer educators
NPHLS	National Public Health Laboratories Services
NQMG	National Quality Management Guidance
NRHS	Nyanza Reproductive Health Society

OBA	Outputs-Based Financing
OI	Opportunistic Infection
OJT	On-the-job training
OOP	Office of the President
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PASCO	Provincial AIDS and STD Coordinator
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Program for AIDS Relief
PGH	Provincial General Hospital
PHMT	Provincial Health Management Team
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living with HIV
PMO	Provincial Medical Officer
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNA	Performance Needs Assessment
PNC	Post-Natal Care
PTC	Provincial Training Committee
QA	Quality Assurance
RRI	Rapid Results Initiative
SCMS	Supply Chain Management System
SIMAHO	Sisters Maternity Home
STI	Sexually Transmitted Infections
STTA	Short-Term Technical Assistance
SUPKEM	Supreme Council of Kenyan Muslims
SW	Sex Worker
TA	Technical Assistance
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TIMS	Training Information Management System
TMP	Training Master Plan
TNA	Training Needs Analysis
TR	Tana River
TOF	Training of Facilitators (also refers to a facilitator him/herself)
TOT	Training of Trainers (also refers to a trainer him/herself)
UES	Upper Eastern/Samburu
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WASDA	Wajir South Development Agency
YFS	Youth-Friendly Services
YTD	Year to Date

I. EXECUTIVE SUMMARY

The Horn of Africa is facing what has been called the worst drought in 60 years, with an estimated 12.4 million people urgently needing food. The Northern Arid Lands zone is greatly affected by this deteriorating situation: the livelihoods of the pastoralist people of this region are severely diminished because of the failed rains over the last 2-3 seasons. There has been an increase in admissions of severely malnourished people to stabilization centers, with children younger than five most affected.

Responding to this humanitarian emergency requires cross-cutting interventions and APHIA*plus* NAL, despite not being an emergency-response project, is using its resources, partnerships and creativity to assist where it can. Meanwhile, the mass movement of populations across the zone in search of food, water and pasture, reduced access to facility-based social services, including health and education services. This underscored the importance of targeted outreach services and other innovative strategies for increasing access in this zone characterized by mobile and hard-to-reach populations.

Despite this situation, and taking into account variations across the three sub-regions of NAL, the Project is on track to meet or surpass most of its targets by the end of the year.

The Project concluded research in Isiolo town and nearby surroundings to identify most-at-risk populations and behaviors. Modeled after a similar study conducted by APHIA II NEP in Garissa and using a rapid survey methodology similar to the Priorities for Local AIDS Control Efforts (PLACE) approach, this assessment provides an evidence base for targeted prevention programming. It is the first time this type of research has been conducted in Isiolo.

The assessment includes information on risk behaviors, HIV literacy, transactional sex and concurrent relationships. It establishes both the most-at-risk groups and the most risky areas or locations where those individuals meet, hang out or negotiate their relationships. Finally, the assessment provides basic information on which strategies might be effective in reducing risky behaviors associated with transactional sex in this context. The Executive Summary of the assessment, including a list of programming recommendations, can be found in Annex III.

Data collection for a similar assessment being conducted in Lodwar town, Turkana county, was concluded during the quarter. The report will be released and findings and recommendations disseminated next quarter.

Laboratory networking is a critical strategy for increasing access of remote populations to diagnostic and testing services. Building on the establishment of lab networking in NEP, the Project provided technical assistance on the same to UES and Turkana. UES and Turkana DHMTs developed and shared a concept paper for CD4 lab networking in collaboration with PMLT Eastern and DMLTs. This has increased ownership of laboratory networking for sample referral, internal and external quality assurance and overall lab performance. NEP continued to improve on its own lab networking system which has resulted in increased enrollment of patients into ART programs.

The APHIA*plus* NAL CHBC program continues to perform very well. At its foundation is treatment literacy training, featuring PLHIV exclusively as both trainers and trainees. For PLHIV in UES and Turkana, this is usually their first exposure to such a training and they have responded with enthusiasm. Just as in NEP, it has proven to be an effective entry point for the recruitment and formation of PLHIV groups. Reports reveal that the training has contributed significantly to stigma reduction and self-disclosure. PLHIV are now active advocates in nearly every district across NAL.

The Food by Prescription (FBP) initiative in collaboration with the USAID-supported Nutrition and HIV Project continued to increase access of malnourished (pregnant and lactating) mothers to this service in remote locations. APHIA*plus* NAL supported the setting up of satellite FBP sites, transporting commodities and identifying service providers for training. CHVs were trained and equipped to do rapid nutrition assessment using MUAC and to refer needy cases for further nutritional assessment.

There was improved support supervision across all three sub-regions of NAL, resulting in improved quality of reports. The Project sponsored data review and dissemination meetings in all the districts at which facility-specific data was analyzed and presented. The Project also commenced distribution of new NASCOP reporting tools to the districts.

Among the highlights for this quarter, the Project had its life-of-project work plan approved and this is the basis against which this and future quarterly reports are judged. During the quarter, the Project submitted proposed upward revisions of a number of targets to USAID and is awaiting approval before formally revising the PMP.

II. PROGRAM DESCRIPTION

APHIA*plus* (AIDS, Population, and Health Integrated Assistance; *plus* stands for people-centered; leadership; universal access; and, sustainability) is an agreement between the Government of Kenya and USAID. The APHIA*plus* Northern Arid Lands (NAL) service delivery project brings together a team of organizations: Pathfinder International; Management Sciences for Health; IntraHealth International; Food for the Hungry; and, International Rescue Committee. The Project also works with numerous other local implementing partners, including government ministries, non-governmental, faith-based and community organizations.

APHIA*plus* supports integrated service delivery in technical areas of HIV/AIDS, malaria, family planning, tuberculosis and MNCH, and selected interventions related to the social determinants of health. APHIA*plus* emphasizes service integration at all levels as a build-up to sustainability; all project activities are aligned with GoK policies and strategies.

APHIA*plus* Northern Arid Lands is an expansion of the APHIA II North Eastern Province project and was initiated in January 2011. The Project covers the northern 60% of Kenya, an area characterized by remote, nomadic communities with limited access to goods and services. The APHIA*plus* Northern Arid Lands zone stretches across four provinces and effectively incorporates three sub-regions: Turkana County; Upper Eastern province/Samburu (UES); and, North Eastern province/Tana River (NEP/TR).

The Project is operating in the following counties:

- Tana River
- Garissa
- Wajir
- Mandera
- Isiolo
- Marsabit
- Samburu
- Turkana

Innovative strategies are required to address the unique challenges faced by communities in this zone. Project activities occur at both health facility and community levels and involve a high degree of collaboration with GoK partners and stakeholders at provincial and district levels. Activities fall into two result areas:

- increased use of quality health services, products and information; and,
- social determinants of health addressed to improve the well-being of marginalized, poor and underserved populations.

The Project is funded at approximately $28M over five years. APHIA*plus* NAL was allocated funding apportioned across its program areas as follows:

- MCH – 43%
- HIV/AIDS – 42%
- Family Planning – 15%
- Nutrition – 1%

III. CONTRIBUTION TO HEALTH SERVICE DELIVERY

Description of the Work Plan Status

RESULT 3 – Increased Use of Quality Health Services, Products, and Information

3.1 HIV prevention and adoption of healthy behaviors

Key observations on performance

- The Project concluded research in Isiolo town and nearby surroundings to identify most-at-risk populations and behaviors. Modeled after a similar study conducted by APHIA II NEP in Garissa and using a rapid survey methodology similar to the Priorities for Local AIDS Control Efforts (PLACE) approach, this assessment provides an evidence base for targeted prevention programming, including CT and condom availability. A total of 766 individuals (50% male/female) were interviewed for this survey, using a structured questionnaire. It is the first time this type of research has been conducted in Isiolo.

  The assessment includes information on risk behaviours, HIV literacy, transactional sex and concurrent relationships. It establishes both the most-at-risk groups and the most risky areas or locations where those individuals meet, hang out or negotiate their relationships. Finally, the assessment provides basic information on which strategies might be effective in reducing risky behaviours associated with transactional sex in this context. The Executive Summary of the assessment, including a list of programming recommendations, can be found in Annex III.

  The Project supported the office of the DASCO to disseminate the results of the Isiolo Sexual Network Assessment in various forums, including the Isiolo District Health Stakeholders Forum and district data dissemination meetings. The report was also shared with the sex workers during their peer education training. Plans are underway to disseminate it at other key stakeholder events, meetings and trainings.

- The Project initiated the procurement of VMMC supplies and collaborated with Capacity Project on the recruitment process for two dedicated VMMC service delivery teams. During the quarter, APHIA*plus* NAL coordinated with NRHS and Food for the Hungry to provide VMMC services to 299 clients in remote Loyengalani.
- APHIA*plus* NAL integrated the PwP minimum care package in 5 additional satellite sites in UES through CMEs and OJT, and distributed PwP protocols to 35 ARV sites.
- The Project counseled 396 PLHIV in NEP/TR on condom adherence as part of its Community PwP activities.
- The Project distributed over 12,000 male condoms in UES through CHVs, community leaders sensitized on HIV prevention and MARPs trained during the quarter. A few individuals were identified during the MARPs trainings as focal persons for supplying the

peers in their catchment areas. Demonstration on correct condom use was done in all the community-level trainings.

- The Project supported Tana Delta district in identification of new condom outlets and refilling of condom dispensers. Total of 4000 condoms were distributed in the district.
- APHIA*plus* NAL trained 76 PLHIV (56% female) in UES on treatment literacy, including PwP modules. Participants were drawn from Oldonyiro, Isiolo, Maralal and Moyale.
- The Project trained 608 MARPs in UES on HIV/STI prevention and adoption of healthy behavior that reduces their chances of exposure. MARPs included sex workers, fisher folks, morans/girlfriends, miraa vendors, uniformed services and prison inmates.
- In Isiolo, APHIA*plus* NAL trained *Fasik,* a PTC with a membership of 30, on PwP using the NASCOP PwP curriculum. *Fasik* visits at least one PLHIV youth group every month to provide psychosocial support.
- PLHIV advocates advocated for correct and consistent use of condoms during all PTC meetings.
- In Turkana, APHIA*plus* NAL finalized the mapping of sites for condom dispensers. This process entailed relocation of existing condom dispensers to areas that were considered by CORPs as more strategic sites for condom use. The Project was also able to supply 5 dispensers within Lodwar town to locations that did not have condoms, for example the AP line. APHIA*plus* NAL works with DPHOs to ensure consistent supply of condoms. The Project has been able to train PEs, CHVs and CORPs who are currently advocating for correct condom use among clients, youth and MARPs and refilling dispensers.

Challenges and recommendations

- Delays were experienced in the recruitment of the VMMC teams due to misunderstandings between the Rift Valley PHMT and Capacity. However, these misunderstandings were addressed and the recruitment process continued.
- Stigma is still high in parts of the region, which presents challenges in identifying MARPs. For example, in Isiolo, it was difficult to identify both PLHIV and SWs through a youth group that runs a VCT center. In future trainings for SWs, the Project will use the already-trained peers to take advantage of established SW networks. The Project will also profile the SWs to understand how they work, their flow into and out of Isiolo and how they seek HIV/STI prevention and management services.
- Mass transfers of uniformed personnel from NEP affected some of the workplace peer educators.
- Alcohol abuse is a serious problem in parts of NAL, particularly among non-Islamic populations. In Turkana, the Project is currently working very closely with Diocese of Lodwar Alcohol and Recovery Centre to address issues of alcohol abuse and provide support to PLHIV who need it.
- During dialogue sessions with young women in Lodwar, it became clear that their priority is on prevention of pregnancy and not STIs. The Project will conduct BCC activities in liaison with service providers targeting young mothers/girls with information on the importance of dual protection.

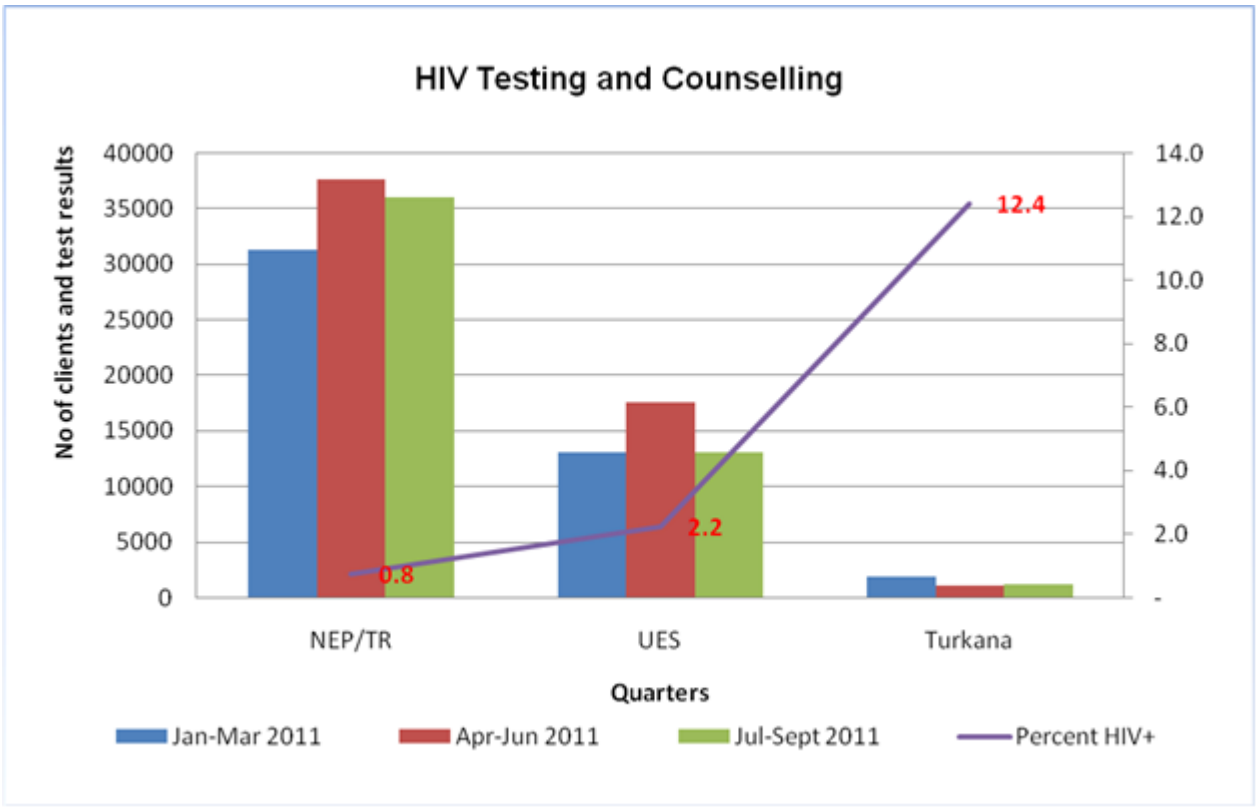
Planned activities for the next quarter (October – December 2011)

- Conclude Sexual Networks Assessment in Lodwar and disseminate findings and recommendations.
- Procurement of VMMC supplies to be concluded.
- Recruitment and posting of dedicated VMMC teams to be concluded.

- Train 800 MARPs through peer education, with special emphasis on Morans/girlfriends in Samburu and Laisamis, fisher folk in Loyengalani, and inmates and uniformed personnel throughout the UES region.
- Train 60 more peer educators from the Isiolo SWs network on HIV/STI prevention. Profile the SWs in order to better understand how they work, their flow into and out of Isiolo and how they seek HIV/STI services. It is expected that the trained peer educators will provide prevention information and assistance to their colleagues for safer sex, adoption of positive, less risky behavior and increased access to HIV/STI clinical services.
- Host a conference of Islamic leaders in Isiolo, focusing on health issues in UES, similar to a groundbreaking conference held in Garissa under APHIA II NEP in 2007. It is anticipated that the Islamic leaders, who are very influential in their communities, will issue a series of resolutions at the conclusion of the conference which will form the foundation for community-level prevention programming by the Project.
- Advocate for consistent and correct uses of condoms during PTC meetings, treatment literacy trainings and MARP BCC outreach reach.

3.2 HIV Counseling and Testing

Figure 1: Counseling and Testing Performance (January – September 2011)



Key observations on performance

- There was a slight overall decline in two of the three sub-regions compared to the previous quarter in total numbers of individuals counseled, tested and receiving results. This can be attributed to several factors, including:
    - The persistent drought caused large-scale movement of populations, particularly in NEP.
    - There were no RRIs this quarter; the previous quarter benefited from Malezi Bora as well as a provincial HTC RRI in NEP.
    - The Project's focus on most-at-risk populations, particularly in NEP/TR and UES, may not result in the same overall numbers which can be achieved with mass HTC. MARPs in NAL are often difficult to reach because of both physical remoteness and high levels of stigma.
- APHIA*plus* NAL conducted supervisory visits with DHMTs and provided OJT as required while orienting newly employed health care workers on the national HIV counseling and testing protocols. The Project also supported HTC during special events such as the Maralal International Camel Derby, Moran night dances and during treatment literacy trainings.
- There was improved support supervision across all sub-regions of NAL, resulting in improved quality of reports. The Project sponsored data review and dissemination meetings in all the districts at which facility-specific data was analyzed and presented. The Project also commenced distribution of new NASCOP reporting tools to the districts.
- APHIA*plus* NAL supported CME/OJT on STI treatment/prevention and dissemination of flow charts to facilities as well as national HTC guidelines.
- The Project distributed 198 rapid HIV test SOPs, job aids and timers.
- With support of the Project, DMLTs conducted HIV test kit validation in all the facilities undertaking CT, and the results were shared. Copies of CT protocols for Determine and Unigold were distributed to all facilities so that health workers can correctly interpret results.
- In Turkana, the Project strengthened HTC commodity management through dissemination of MOH 643 (Facility Consumption Data Report and Request Form for Laboratory Commodities) in all supported HTC sites, in close collaboration with District Medical Lab Technologists.

Challenges and recommendations

- Erratic supply of test kits hindered HTC service delivery in some sites in Moyale and Samburu districts. The Project will continue strengthening linkages to SCMS to ensure timely reporting and sending of consumption data to the next level.
- Some facilities do not have staff trained on HTC, particularly those with staff employed through the Economic Stimulus Program. The Project will continue supporting OJT/CME/mentorship sessions on HTC for these staff.
- There are still high levels of stigma among community members. The Project will use the trained PTC groups to source positive living ambassadors for outreaches and other forums.

Planned activities for the next quarter (October – December 2011)

- Provide support for the National HTC RRI in November, culminating in the World AIDS Day (1st December).
- Continue to support OJT/mentorship and support supervision to the newly employed staff in the facilities and complete rollout of the new NASCOP HTC registers.

- Continue working with local implementing partners to ensure remote communities are reached with HTC services during integrated outreaches.
- Strengthen facilitative supervision by the DHMTs and integrate quality/performance improvement approaches and processes.
- Improve community and facility linkages and referrals for better service provision through dissemination of simple referral tools from NASCOP and DRH and support for the Community Health Volunteers within the Community Units.
- Continued support of the routine VCT, moonlight and door-to-door counseling and testing services in urban areas.
- Facilitate the re-distribution of test kits and related supplies during supportive supervision.
- Strengthen PITC activities in all facilities, both outpatient and inpatient, through OJT and CME.
- More CT sites to be identified for scale-up, with the support of the DHMTs.
- Establish an enrollment desk for HIV positive clients during moonlight and mobile VCT to strengthen referral, initiate minimum care package (CD4 testing, Co-trimoxazole prophylaxis, multivitamin supplementation, etc.) and reduce clients lost to follow-up.
- Engage CHEWs more actively in defaulter tracing and follow-up of clients.
- Continue strengthening of commodity systems management through linkages with HCSM and SCMS national mechanisms.
- Enhanced integration of HIV into other services such as MCH/FP, STI, and TB through support supervision, OJT and CMEs. Implement minor renovations to address constraints of space and furniture, re-orient staff for multi-tasking and support leadership and management to appreciate the value of integration.
- Distribution of SOPs, guidelines, posters and job aids to all health facilities.

3.3 Palliative Care – TB/HIV

Table 1: TB indicators (January – September 2011)

Indicators	Apr-Jun 2011					Jul-Sept 2011				
	Children		Adults		Total	Children		Adults		Total
	F	M	F	M		F	M	F	M	
TB cases detected	78	107	448	616	1,249	37	60	486	577	1,160
Smear positive	2	33	102	244	381	4	21	126	224	375
Smear negatives	27	51	282	322	682	24	23	348	384	779
Extra pulmonary TB patients on treatment	7	17	35	52	111	7	19	47	82	155
TB patients on Re-treatment	2	5	69	56	132	1	2	40	91	134
TB patients tested for HIV	72	101	353	528	1,054	39	33	403	495	970
TB patients HIV+	2	2	60	66	130	5	4	64	77	150
TB HIV patients on CPT	2	3	56	55	116	5	4	57	67	133
Defaulters	1	5	8	14	28	2	15	14	25	56
TB patients completed treatment	38	45	179	237	499	22	17	130	138	307
TB deaths	2	2	11	13	28	-	-	16	15	31

Key observations on performance

- The Project continued to support TB active case finding through the monthly integrated TB/HIV outreach activities in urban centers. The outreach activity involves on-site sputum collection and testing and integration of other services like family planning, immunization, de-worming and vitamin A supplementation. Smear positive clients are put on anti-TB treatment.
- For case finding, the number of TB cases detected dropped by about 7% but smear positivity remained around 30 percent. Majority of TB cases were detected in NEP where TB/HIV co-infection still remains low at 7 per cent, compared to UE/S where co-infection remains high at 21 per cent.
- Testing for HIV in TB clinics is at 84 per cent. Testing for TB in HIV clinics cannot be quantified because recording and reporting is still a challenge. Introduction of screening tools for TB in HIV clinics should see improved reporting and it is anticipated that as IPT is introduced in CCCs there will be a reduction of TB incidence in PLHIV.
- The Project improved HIV/TB palliative care services through provision of CMEs and TA on HIV/TB integration in the monthly TB facility in-charges meeting. The Project also provided OJT during facilitative supervision and support for TB/HIV collaborative meetings to strengthen linkages and referral systems.
- The Project supported the scale-up and implementation of 5Is through distribution of guidelines and orientation of health workers. The provision of Isoniazid preventive therapy (IPT) has been delayed because of a national shortage of drugs.
- Supply of TB registers and IEC materials to the facilities in NEP and Tana County was initiated by the DTLCs with logistic support from the Project.
- The Project oriented and updated 36 health care workers in NEP on chronic care of HIV/TB patients.
- APHIA*plus* NAL distributed national clinical PwP guidelines and protocols across NAL.
- HIV/TB data management was improved through organized facility in-charges meetings and support supervision. The Project provided logistical support for and TA in TB/HIV collaborative meetings.
- Building on the establishment of lab networking in NEP, the Project provided technical assistance on the same to UES and Turkana. UES and Turkana DHMTs developed and shared a concept paper for CD4 lab networking in collaboration with PMLT Eastern and DMLTs. This has increased ownership of laboratory networking for sample referral, internal and external quality assurance and overall lab performance. NEP continued to improve on robust lab networking which has resulted in increased enrollment of patients into ART programs.

Challenges and recommendations

- Few facilities in the periphery are able to double as TB diagnostic and treatment sites due to lack of trained personnel or functional labs with reagents and microscopes.
- Knowledge gap among newly posted staff on TB treatment is still a challenge.
- Some of the laboratories previously renovated by the project in NEP are still not operational due to lack of staff. The current recruitment of staff in collaboration with Capacity Project will hopefully address some of these challenges, so that more diagnostic and treatment centers can be operationalized.
- The OI drug kits have not been supplied to all HIV care and treatment sites. The Project will continue to liaise with KEMSA and Kenya Pharma with assistance from HCSM to ensure all sites benefit from OI drug kits.
- Defaulter rate tends to be high due to stigma, especially in the rural villages and amongst nomadic communities. The Project will use expert patients in areas of high stigma and

enhance disclosure (PwP strategy) through training and empowerment of PLHIV and formation of post-test clubs.

- Weak referral system and poor follow-up of clients to the referred sites will be addressed through continued strengthening of interdepartmental meetings, use of simple but concise referral tools and TA and information-sharing during the quarterly TB/HIV collaborative meetings.

Planned activities for the next quarter (October – December 2011)

- Continued support for TB/HIV outreach targeting MARPs.
- Support TB/HIV coordination meetings that are focused, objective-based and action-oriented to address challenges that have chronically hampered the integration of the two programs.
- Strengthen counseling and testing at the TB clinics, through counselor support supervision, OJT and CMEs.
- Support the implementation of the 5Is Strategy through sensitization forums, distribution of national guidelines, reporting tools and CMEs.
- Operationalize more TB diagnostic sites through the deployment of additional lab staff.
- Strengthen defaulter tracing mechanism through the orientation and active involvement of CHVs and CHEWs.
- Integrate TB screening in routine outreach service, as needed.
- Strengthen collaboration and partnership with KEMSA, SCMS, HCSM and other national mechanisms to ensure continued and consistent availability of HIV/TB commodities, especially Isoniazid to all the facilities providing the minimum care package.
- In NEP, continue OJT/TA on the 5Is to all the sites offering both ARV and TB treatment and start IPT in 2 district hospitals in collaboration with the DTLCs. Also distribute IPT recording registers in all the facilities offering IPT service.
- Integrate sputum collection from all the TB suspected cases in all the regular outreaches so that it can be examined in the TB diagnostic centers, and provide sputum collection guidelines for quality assurance.

3.4 HIV and AIDS treatment/ARV services

Table 2: Summary of ARV services (January – September 2011)

Indicator	Jan-Mar	Apr-Jun	Jul-Sept	Totals
Newly enrolled on HIV care	649	1,281	710	2,640
Newly initiated on ARVs	240	542	310	1,092
Cumulative on care	11,875	13,596	14,261	39,732
Cumulative on ARVs	5,212	5,946	6,185	17,343
Currently on ARVs	3,917	4,711	4,986	13,614

Key observations on performance

- The Project continued to support ART mentorship at all the central and satellite ART sites in NEP. The mentors conducted one-on-one sessions with clinicians, lab techs, nutritionists, pharm techs and other cadres in the CCCs as well as the provision of SOPs and job aides. This should lead to increased numbers of clients on treatment before reaching WHO clinical stage 3 or 4; there should be a corresponding increase in

numbers on care and treatment in the next quarter. The mentorship program is being rolled out to UES and Turkana next quarter.

- APHIA*plus* NAL supported quarterly DHMT programmatic supervision in all the districts. Key programmatic issues on HIV care and treatment were addressed, including provision of PEP in high volume facilities and OJT and CMEs for 42 health workers.
- The Project continued to support monthly clinical care committee meetings at Garissa PGH CCC through provision of TA and logistics. The quality of patient care at the comprehensive centers has greatly improved. This is attributable to the monthly meetings and the meaningful involvement of PLHIV in care for patients and decision-making on matters concerning PLHIV.
- PITC services were strengthened in the facilities through routine supervision and staff encouragement on the same. This has contributed to early recruitment into care and treatment for clients who were otherwise unaware of their status.
- APHIA*plus* NAL supported the completion of data reconstruction at Garissa PGH CCC for both manual and electronic recording systems. Data is now well-organized, orderly and up-to-date with provision of real-time data transmission. The Project initiated the same exercise in Isiolo District Hospital and St Patrick's dispensary in Lodwar.
- The Project facilitated the replenishment of ARV prophylaxis for PMTCT in all the high volume facilities. ANC mothers who meet the criteria for HAART are now also being initiated into treatment at opportune moments in MCH and later referred to CCC for further care once PMTCT objectives have been accomplished.
- In NEP/TR, there was gradual improvement in the initiation of pediatric HIV clients on ARVs. A total of 56 DBS for EID samples were sent to National Reference Laboratory for PCR confirmation and the results were received.
- Formation of patient support groups in the CCCs has greatly helped in stigma reduction, adherence, and compliance to care and treatment.
- The Project supported redistribution of test kits from primary to satellite sites and provided OJT on new ARV guidelines.
- Supported integrated quality improvement approaches and mentorship on HIV care and support by the DASCO and project staffs to all ART satellites and improving the quality of ART data collection and reporting through TA provided to the DHRIOs.

Pharmacy at Garissa PGH Comprehensive Care Center.

Challenges and recommendations

- Knowledge gap and low confidence among health workers on integration of ART into MCH, pediatric ART initiation, general management of OI and management of side effects. The Project is initiating ART mentorship training and follow-up in UES and Turkana in the next quarter. Meanwhile, the Project shall continue providing OJT on both pediatric and adult ART.
- Poor follow-up and inadequate referral systems hinder effective tracing of ART defaulters. The Project shall continue strengthening interdepartmental meetings to reduce lost opportunities and provide TA for improving community-facility linkages through Community Units and facility health committees.
- Limited knowledge of HCWs on current NASCOP tools may have affected quality of data submitted. This calls for training of facility staff on the current tools and follow-up TA to ensure proper skills in the use of the NASCOP tools.
- In some areas, challenges remain in quality of patient care especially with regards to laboratory tests such as liver and renal function tests. The care and treatment sites often do not receive timely supplies of lab reagents and also have expired service contracts for the biochemistry and haemogram machines. The Project will follow-up with HCSM on lab consumables and service contracts for machines.

Planned activities for the next quarter (October – December 2011)

- Support the upcoming launch and scale-up of integration of HIV services into MCH/FP sites in response to the national RRI.
- Dissemination of the new ART guidelines through CMEs and OJT.
- Training of mentors in UES and Turkana should lead to improvement of timely ART initiation through active follow-up of HIV positive cases, especially pediatric cases.

- KPA will assess the impact of the ART mentorship program in NEP by conducting an evaluation of service provider skills and knowledge.
- Continued support of TB/HIV committees and clinical care forums through the provision of TA and logistic support.
- Strengthen the referral systems between the departments through CME and OJT.

3.5 HIV care and support

The Project is working with PLHIV support groups or post-test clubs in all three sub-regions. The work with PLHIV is most mature in NEP, followed by UES and then by Turkana. The strategy for rolling out care and support in the rest of NAL is benefitting particularly from the experience of APHIA II NEP.

Table 3: Summary of CHBC services (January – September 2011)

Services	Jan-Mar	Apr-Jun	Jul-Sept
Number of clients served	3,608	5,007	6,327
Clients who died	9	8	36
No of care givers	2,401	2,632	3,232
No. of HBC clients (male)	976	2,034	2,464
No. of HBC clients (female)	1,636	2,973	4,112
No. of clients on ARVs (male)	477	1,332	1,834
No. of clients on ARVs (female)	1,197	1,718	2,579

Key observations on performance

- The APHIA*plus* NAL CHBC program continues to perform very well. At its foundation is treatment literacy training, featuring PLHIV exclusively as both trainers and trainees. For PLHIV in UES and Turkana, this is usually their first exposure to such a training and they have responded with enthusiasm. Just as in NEP, it has proven to be an effective entry point for the recruitment and formation of PLHIV groups. Reports reveal that the training has contributed significantly to stigma reduction and self-disclosure. PLHIV are now active advocates in nearly every district across NAL.
- The formation of PLHIV into groups (post-test clubs) enables them to access resources that would be unavailable to them as individuals. Examples abound of PTCs – particularly in NEP, where the groups were established under APHIA II NEP – which have been able to leverage not only food distributions but financial resources as well. In Garissa, Ebeneza PTC's application to Total War on AIDS (TOWA) resulted in an award of Kshs 350,000, benefitting 60 members. The group also has sustained a revolving fund where each member contributes 100 shilling every Thursday during the groups' therapy sessions. A PTC in Modogashe has also been awarded TOWA funding. In Mandera, a PTC group with 16 members accessed NACC funding of Kshs 175,000 to implement PwP activities. In Ijara, a PTC received Ksh 20,000 from the Ministry of Gender and Social Services and has started an IGA to support and sustain the group's members. In Tana Delta, a PTC in Tarasaa successfully applied for funding from TOWA funds to implement PwP activities.
- In UES, 11 new PTCs were formed for a cumulative total of 49 PTC in the sub-region. A total 3,204 PLHIV clients received psychosocial support through counselling sessions carried out by CHVs.

- APHIA*plus* NAL trained a total of 78 PLHIV in Moyale, Samburu and Oldonyiro; the PwP minimum package was integrated within the training. In Isiolo, 30 PLWHIV were trained as PwP advocates. Three joint supportive supervision visits were done across UES with the participation of GOK's district CHBC coordinators with the objective of ensuring that services being provided through local implementing partners are in line with national guidelines and service standards.
- In NEP/TR, CHBC was rolled out in Tana Delta and CHBC desks opened in all ART sites. The CHBC program in Ijara, Garissa and Wajir witnessed a marked increase in new client registration into the program. Five new PTC groups were initiated and formed in Tana River and NEP.

PLHIV attending PTC meeting in Mandera town.

Challenges and recommendations

- Low socio-economic status of some PLHIV has made it difficult for the project to change unhealthy behaviors. Those engaged in practices such as sex work and/or substance abuse are often resistant to or extremely challenged by the difficulties of positive change.
- Substance abuse, particularly in Samburu and Turkana, is a difficult problem to address and contributes to increased defaulter rates and even deaths. The high number of client deaths in the quarter is related to both stress from the drought and substance abuse, with 18 deaths occurring in Samburu county alone.
- Inadequate supply of FBP and BCP for PLHIV in Mandera and Ijara. The Project will attempt to address the FBP shortage with NHP. With the HCM project coming to a close, it may be difficult to source additional BCP units for Ijara.
- In Turkana, there is a limited number of strong HIV+ advocates championing stigma reduction. The Project will train more advocates in conjunction with the rollout of TL training and PTC formation.

Planned activities for the next quarter (October – December 2011)

- Conduct treatment literacy trainings for PLHIV across the three sub-regions.
- Support quarterly PTC group meetings and scale-up community PwP.
- Support stigma reduction outreaches through engaging active PLHIV advocates and religious and other opinion leaders.
- Establishment of link desks in all CCCs to strengthen community-to-facility referrals and defaulter tracing. Provision of therapeutic food for HIV management in all CCC will be rolled out in coordination with HIV+ CHVs manning these link desks.

3.6 Prevention of Maternal-to-Child Transmission of HIV

Table 4: PMTCT cascade (January – September 2011)

Indicators	Jan-Mar	Apr- Jun	Jul-Sept	Totals
No. of women starting ANC	15,069	13,569	16,893	45,531
No. of women attending ANC as revisits	22,251	21,800	22,198	66,249
No. of women counseled	16,775	15,044	15,707	47,526
No. of women who had HIV test	15,612	14,227	14,366	44,205
No. of women tested HIV+	155	129	141	425
Mothers given NVP at ANC	114	108	91	313
No infants tested for HIV after at 6WKS	47	49	42	138
No infants tested for HIV after at 3 months	20	49	58	127
Infants issued with preventive ARVs	104	82	52	238
Mothers tested at maternity	3,758	3,990	3,154	10,902
Maternity HIV	51	70	38	159
Deliveries	5,885	6,998	6,356	19,239

Figure 2 : HIV Counseling and Testing at ANC (January – September 2011)

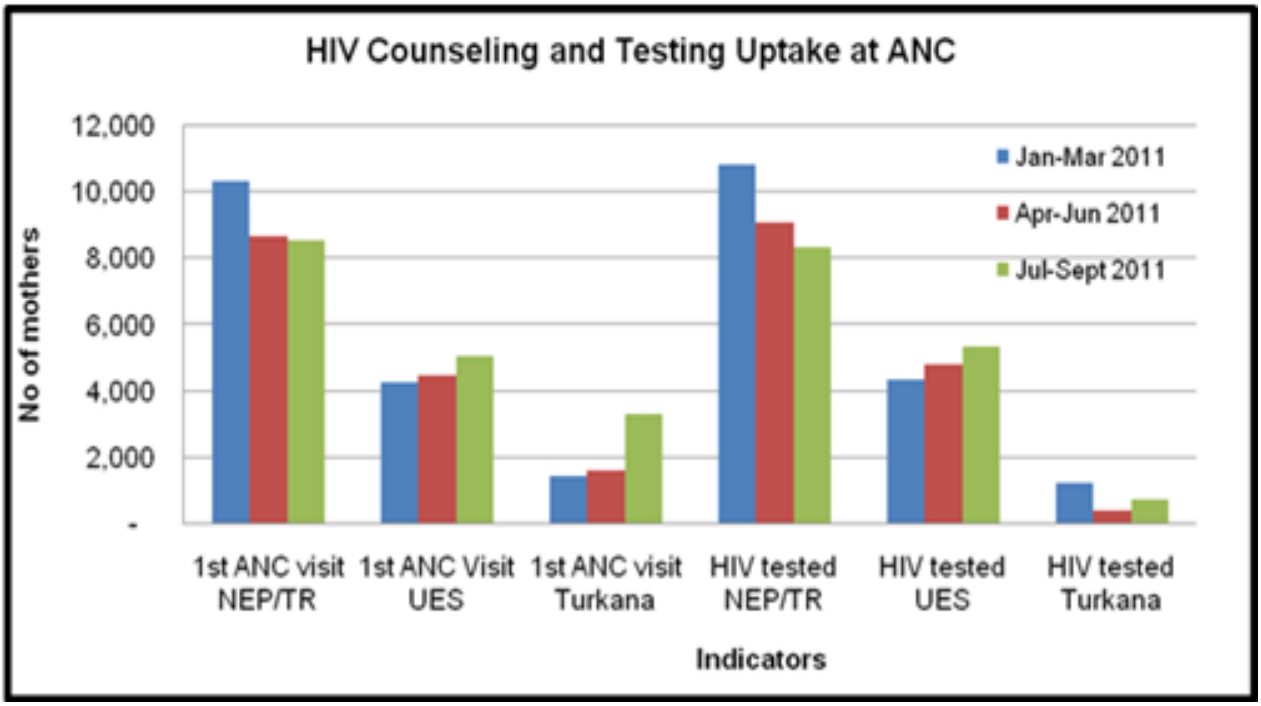
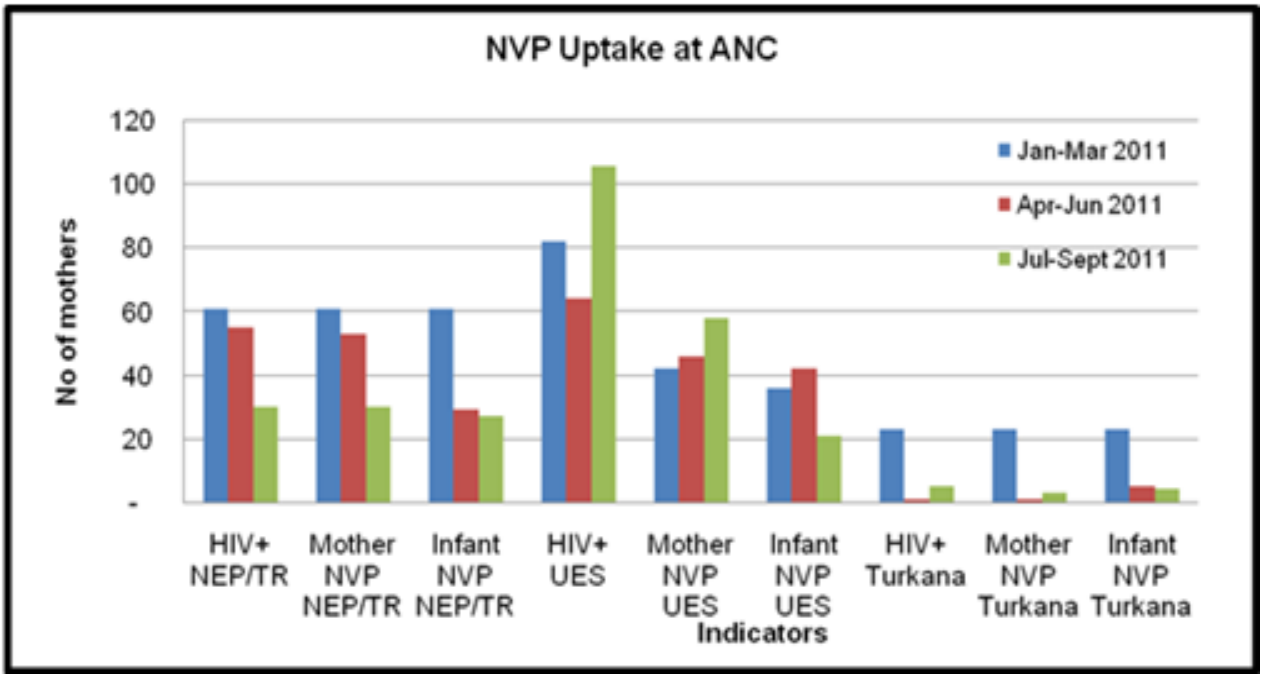


Figure 3 : Mother and infant NVP uptake at ANC (January – September 2011)



Key observations on performance

- The Project continued to support integrated facilitative supervision for PMTCT sites, provision of high efficacy ARV prophylaxis in all the sites and ensuring that sites offer the minimum PMTCT packages in Upper Eastern and NEP. The same efforts are being scaled up in Turkana and Tana River counties.
- The Project has scaled up the support for motorbike integrated outreaches services across NAL.
- Prevention of mother to child transmission for HIV has now been integrated in to all the MCH settings in high-volume sites as a routine but this continues to be a challenge in smaller sites offering ANC services with few and sometimes untrained personnel.
- Recording and reporting has improved across the zone and quality PMTCT services are now offered in all high-volume facilities. Data review meetings supported by the Project have contributed to an enhanced appreciation of data for improvement of services, including commodity forecasting, rational use and redistribution.
- The introduction of mother-child booklets has made it easier for follow-up of both mother and the child at ANC, during deliveries, and in the post-natal period.
- The percentage of uptake of counseling and testing at ANC continued to improve in UES and Turkana. This can be attributed to increased level of awareness due to intensified micro teachings at the facility level by the service providers and advocacy of the same at the community level by the CHVs and CORPs.
- NEP/TR indicators were significantly affected by the Ramadhan holiday and the mass movement of populations because of the drought. Majority of MOH supervisors took leave and even where services were on-going, accuracy of reporting may have slackened.
- Continued support for inter-departmental meetings improved client linkages from PMTCT psychosocial support groups to CCCs and improved uptake of EID during the quarter.
- The Project continues to support all PMTCT-providing facilities with post-natal and HEI registers to capture the PMTCT indicators on EID and improve early initiation of ARVs. The Project also supported CD4 lab net working for HIV+ mothers and children, as a quality improvement initiative.
- To enhance PMTCT services uptake, the Project put emphasis on support for couple counseling. In Samburu and Marsabit, the Project utilized local FM stations for promotion of male involvement in PMTCT/RH.
- APHIA*plus* NAL supported and participated in updates for service providers on new PMTCT guidelines during the CMEs and meetings of facility in-charges. The Project also provided SOPs on the same as well as updates on PNC within 24hrs, 2-weeks and at 6 weeks and provided TA to strengthen PNC and PNC record keeping. This is currently happening in high-volume facilities and will be cascaded to lower-volume facilities as capacity improves.
- In Turkana, the Project supported provision of quality MNCH services in outreach programs provided by Diocese of Lodwar, AIC and RCEA. This included treatment of children with diarrhea by supporting refurbishment of ORT corners and ensuring availability of safe water, ORS and zinc in 5 high-volume sites.

Processing DBS at Garissa PGH Comprehensive Care Center.

Challenges and recommendations

- Human resources for health continues to be a big challenge in the NAL zone. Most facilities have either one or two qualified staff. There are facilities being run by Community Health Volunteers and patient attendants whose knowledge of PMTCT is scanty. The Project continues to work with Capacity Project and lobbying with other partners to address this issue on a temporary basis as the Ministry of Health grapples with the bigger picture. Sub-grantees and FOG recipients offering MNCH services have been supported to hire qualified staff who are trained in PMTCT.
- Updating of staff on new PMTCT guidelines has been hampered by the lack of a national mechanism for training. The short orientation sessions for staff through OJT, CME and support supervision can serve as a stop-gap but are not sufficient for the large bulk of new staff who need updates.
- Couple counseling and testing uptake and male participation in PMTCT is still low due to cultural beliefs and nomadic pastoralist lifestyles. The Project will support more focused and targeted outreaches that target men, e.g. at watering points, during moonlight VCT, and at livestock markets.
- Formation of mother-to-mother support groups in low-volume facilities is hindered by few numbers of mothers testing positive and long distances between client residences. However, this can continue in the district hospitals and other high-volume facilities with

support from health care workers, empowered PLHIV and motivated CHV. This has born fruit in some district hospitals and efforts to replicate the initiative in the rest continues to be given priority.

- Delay of EID DBS results from the reference laboratory in Nairobi is still a challenge and this hampers the initiation of HIV+ pediatric patients on treatment. APHIA*plus* NAL is collaborating with Clinton Foundation and the MOH focal persons (DASCOs) to strengthen the sample referral and results turn-around time through use of a web-based tracking system.
- Inadequate disclosure to mature minors and adolescents is an emerging challenge where sexual activity and possible pregnancy is becoming a reality. Discussing PMTCT with these clients requires skilled and well-informed health care workers and peer educators. The Project has already undertaken to source for information and services for psychosocial support for this vulnerable group of clients.

Planned activities for the next quarter (October – December 2011)

- Continued support for integrated facilitative supervision to improve uptake of PMTCT services and availability of more efficacious ART prophylaxis regimen in the districts.
- Continued support of HIV-exposed infant follow-up, enrolment of infected babies into care and treatment through active case finding, provision of guidelines, posters and EID materials.
- The Project will continue to support pediatric ART mentorship by the provincial Pediatrician in the high volume sites in NEP/TR and train mentors in UES and Turkana with STTA from Kenya Pediatric Association.
- Continue to support OJT and CME on PMTCT for newly recruited health workers.
- Rolling out of PwP messages in all the PMTCT sites in the region.
- Sensitize HCWs and community members on MTCT-Plus and its importance so as to increase male involvement in PMTCT services.
- Improve the timely transmission of EID results through linkages with KEMRI National reference laboratory. Clinton Foundation will support access by APHIA*plus* NAL staff to web-based EID results for selected sites.

3.7 Maternal Health

Table 5: Maternal health services (January – September 2011)

Indicator	Jan-Mar	Apr-Jun	Jul-Sept
# of skilled care deliveries	6,047	6,998	6,240
# of new ANC visits	15,957	14,684	16,882
# of 4+ ANC visits	5,749	6,783	5,480
# of lactating mothers receiving Vitamin A	12,422	14,404	12,834
# of ANC clients receiving IPT2	5,450	7,203	3,633
# of MVAs performed	65	73	44

Key observations on performance

- Most maternal health indicators declined slightly during the quarter. The Project believes that this is largely attributable to the upheaval of communities during the drought.
- The Project strengthened the referral of complicated deliveries through the provision of fuel at district hospitals. During support supervision, the Project also mentored service providers on handling of obstetric emergencies.
- The FBP initiative in collaboration with NHP continued to increase access of malnourished (pregnant and lactating) mothers to this service in remote locations. APHIA*plus* NAL supported the setting up of satellite FBP sites, transporting commodities and identifying service providers for training. CHVs were trained and equipped to do rapid nutrition assessment using MUAC and to refer needy cases for further nutritional assessment.
- In NEP and Turkana, the Project is engaging local implementing partners, Community Units and CHV networks, with CHEWS supervising teams of CHVs in screening for malnutrition, referral of severely malnourished cases to the facilities, management of moderately malnourished clients using Fortified Blended Flours (FBF), and offering education and counseling. Once community sites are stabilized, the CBOs will be provided with FBF to dispense to the patients under supervision.
- The Project supported the creation of a comprehensive MTCT-Plus site at Ngao district hospital maternity wing in Tana River county.
- The Project supported facilitative supervision in Moyale by the DRH/PHMT and the project team; the main objective of the visit was to find out reasons for increased IUFDs. The DRH report will issue a report on the findings and recommendations next quarter.
- APHIA*plus* NAL supported the initiation of cervical cancer screening in selected facilities in NEP and Tana River. During the quarter, 30 mothers were screened for cervical cancer in Tana Delta district and one tested positive and was referred to Malindi DH.
- The Project supported gender mainstreaming in health activities by advocating for involvement of women leadership in HF management and MDR/RH committees.
- LLITNs were distributed to pregnant women to reduce the risk of malaria in pregnancy in selected malaria endemic districts. Although most of NAL is classified as non-malaria endemic zone, it is anticipated that malaria epidemics may occur next quarter because of predicted above-average rainfall.
- Assessment of the functionality of quality improvement committees to ensure provision of quality MNCH services and ensure adherence to standards and guidelines was initiated in Upper Eastern during the quarter. As a result, 6 Quality Improvement Teams were supported to undertake supportive supervision, adopt QI tools and reporting formats and share information during DQA and other appropriate forums.
- The study on maternal health-seeking behavior in Loima district which was partially supported by the project was completed and the draft report has been submitted by the researcher. Preliminary study results have been disseminated and will inform the development of targeted interventions to boost utilization of maternity services within Turkana county.

Challenges and recommendations

- There is a need to address the inadequate supply of basic emergency obstetric care equipment that makes it difficult for health workers to provide quality maternity services. The Project has procured selected EMOC equipment which will be distributed in the coming quarter.

- Inadequate cold chain equipment in health facilities hampers vaccine storage and limits EPI service provision. APHIA*plus* NAL will continue to lobby national mechanisms and MOH for the zone to be allocated its share of essential equipment and supplies to meet minimum standards for provision of quality care. The participation of national level and PHMT personnel in support supervision is helpful in conveying the gaping need for attention in most facilities in the NAL zone.
- Male involvement in RH activities was low especially due to the impacts of the drought, the nomadic lifestyles and some cultural beliefs and practices that took the men away from home and nearby facilities. The Project will reach out to male partners with information through men-only meetings, at watering points, in livestock markets and moonlight VCT settings.

Planned activities for the next quarter (October – December 2011)

- Support the upcoming Malezi Bora RRI targeting the scale-up of MNCH/FP services.
- Continue supporting CMEs at high-volume sites so as to equip staff with knowledge on the management of obstetric emergencies. Support CMEs on obstetric care; partograph, eclampsia and hemorrhage (APH/PPH).
- Continue support for the integrated motorbike outreach best practice to bring ANC and PNC services closer to the hard-to-reach populations.
- Support initiation of cervical cancer screening services in high-volume facilities.
- Facilitate the integration of FP services with PNC/HIV during the routine quarterly supportive supervision through TA and related logistical support.
- Support the expansion of new FBP satellite sites in the peripheral facilities through linkages with NHP and logistic support.
- Continued support for referral of obstetric cases from the peripheral facilities to the DH through provision of fuel for ambulances.
- Intensify facility and community-based defaulter tracing mechanism through FMC/CORPs.
- Support mother-to-mother support groups at high-volume health facilities to promote uptake of safe motherhood services.
- Support maternal death reviews and audits to identify the cause(s) of maternal mortality and initiate preventive mechanisms.
- Support exclusive breastfeeding clubs in high-volume health facilities.
- Inventory TBAs and support their re-orientation to offer counseling, education but refer for skilled care during delivery and act as birth-buddies.

3.8 Newborn and Child Health

Table 6:Newborn and child health services (January – September 2011)

Indicator	Jan-Mar	Apr-Jun	Jul-Sept
# of newborns with LBW	382	512	274
# of newborns receiving BCG	16,092	18,231	27,949
# of children less than 12 months of age who received DPT3 from USG supported programs	14,482	16,998	24,325
# of children under year vaccinated against measles	14,774	17,712	24,886
# of children under year fully immunized	13,297	11,413	19,411
# of children under five receiving vitamin A	41,759	122,889	91,084
# of children under five treated for malaria	28,134	37,973	32,468
# of cases of child diarrhea treated in USG supported site	10,945	37,038	38,124
# of cases of child pneumonia treated with antibiotics	4,480	15,236	16,056

Key observations on performance

- APHIA*plus* NAL facilitated the collection of vaccines from regional depots and re-distribution while supporting EPI logistics and motorbike outreach fuel. This contributed to significant increases in the numbers of children receiving immunization services.
- The Project supported the measles campaign in the whole of NAL in anticipation of measles outbreaks attributable to the influxes of refugees and massive movement of pastoralists across borders and districts because of the drought.
- Immunization services are provided in all the facilities and integrated in the outreach sites with fewer reported stock outs of vaccines and increase of the number of children immunized with pentavalent 3 (DPT). The Project provided logistical support to transport vaccines and other commodities from regional depots to district stores and redistribution of antigens to ensure uninterrupted service provision. Cold chain in Turkana county was enhanced by procurement and distribution of spare gas cylinders to needy facilities. A total of 15 facilities benefited from 21 LPG cylinders for cold chain maintenance of vaccines as well as test kits for both HTC and PMTCT.
- The Project collaborated with the DOD Maritime Civil Affairs Team in implementing Medical Civic Action Programs at Mnazini and Assa in Tana Delta. A total of 3483 children were given vitamin A supplements during the four-day exercises.
- The Project supported regular disease surveillance and reporting and put emphasis on the establishment of ORT corners for diarrhea case management.
- APHIA*plus* NAL facilitated the procurement and distribution of ORT equipment and furniture to selected high-volume facilities in the region.
- Defaulter tracing on immunization for children was enhanced and specific measures to reduce the high dropout rates acted on during support supervision in the districts.
- PD/Hearth model was successfully initiated in Makere Community Unit, Tana River county.
- The Project provided logistic support for the distribution of the MOH Mother/Child booklet to facilities during support supervisions.

Immunization services at an outreach clinic supported by APHIAplus NAL in Turkana.

Challenges and recommendations

- Shortages of gas and breakdowns of KEPI fridges in some facilities resulted in disruptions of immunization services.
- High immunization dropout rates in parts of NAL due to the persistent drought and mass movement of populations during the reporting period.
- Rural health facilities are underutilized for deliveries and postnatal services. Some facilities lack cold chain refrigerators and others have frequent stock out of LPG thus hindering consistent provision of immunization services. Low motivation among CHVs means that tracking of exposed infants from MCH for EID is poor and early initiation of ART services to infants challenging. There is therefore need to improve the support given to CHVs attached to facilities and Community Units to advocate for the utilization of MNCH services.

Planned activities for the next quarter (October – December 2011)

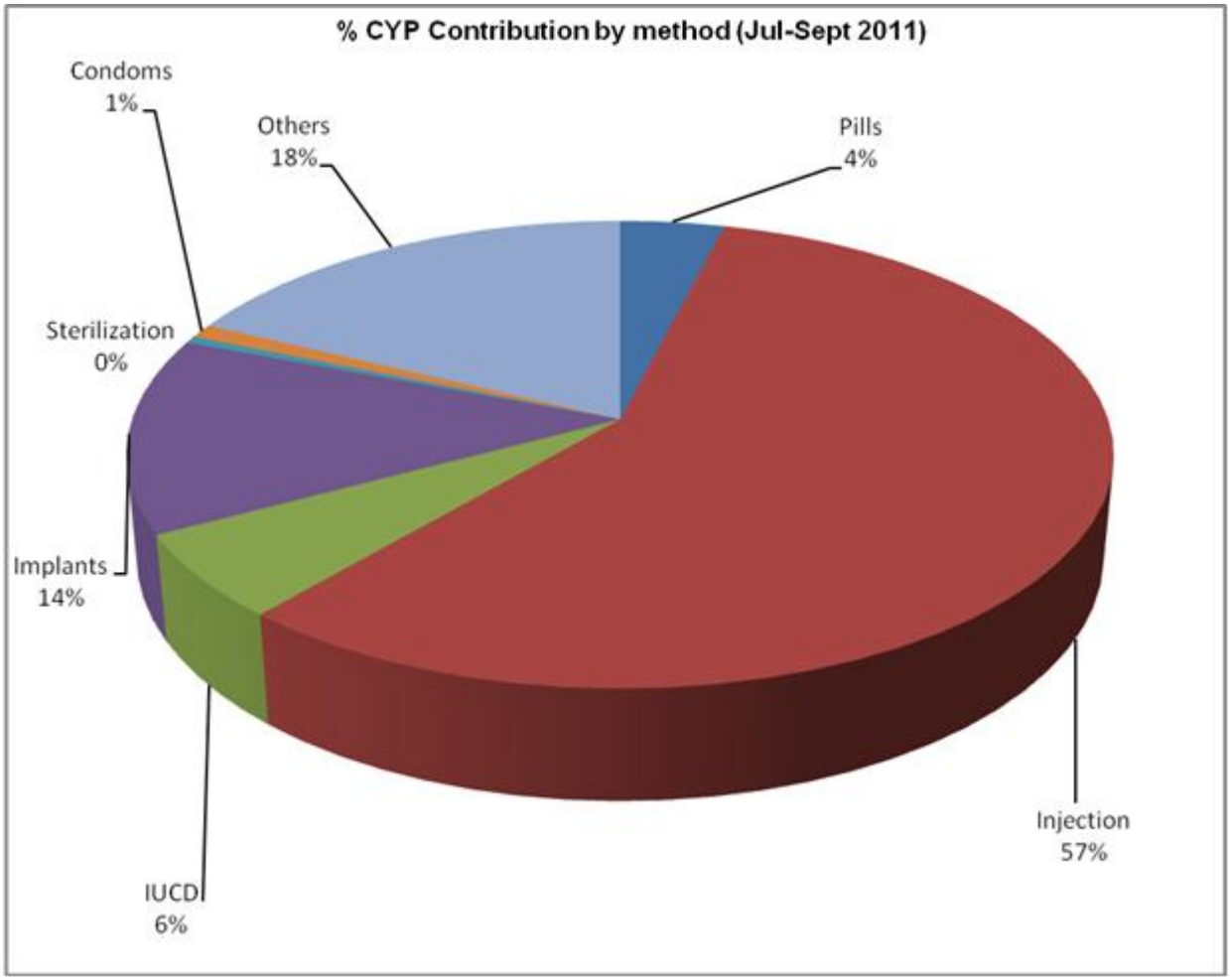
- Support the upcoming Malezi Bora campaign in November 2011 that will provide comprehensive and accelerated MNCH services, including vitamin A supplementation, immunization, de-worming for under-fives and other high impact interventions.
- Support the national roll out of MCH RRI for the integration of HIV services in MCH.
- Support implementation of Baby Friendly Hospital community initiative through sensitization of HCWs and provision of guidelines.
- Strengthen immunization coverage through defaulter tracing in the facilities with high immunization dropout rates, supporting the RED strategy and motorbike outreach model.
- Rollout of the PD/Hearth nutritional intervention in two locations in NEP.
- Improve provision of EPI equipment through linkages with DCH and DVI.
- Support initiatives to roll out community IMCI through the provision of technical assistance and logistical support.

3.9 Family Planning

Table 7: Summary of FP methods provided (January – September 2011)

Summary	Methods	Jan-Mar	Apr-Jun	Jul-Sept	Totals
Pills	Microlut	713	855	888	2,456
	Microgynon	2,097	2,540	2,077	6,714
Injection	Injection	10,042	11,184	11,485	32,711
IUCD	Insertion	90	87	84	261
Implants	Insertion	340	280	194	814
Sterilization	BTL	8	8	3	19
	Vasectomy	-	-	-	-
Condoms	No of clients receiving	7,148	5,157	5,736	18,041
All others (cycles beads)		987	785	891	2,663
Removal	IUCD	116	-	27	143
	Implants	75	32	79	186

Figure 4: Contribution to CYP by contraceptive method (April – September 2011)



Key observations on performance

- The Project significantly surpassed its annual target for new acceptors of family planning. However, family planning acceptance across NAL is still relatively low and much remains to be done.
- Injectables remain the most popular method of contraception; however, implants and even IUCD are slowly gaining acceptance by both clients and service providers in the region.
- In Turkana, the Project assessed the capacity of family planning service providers in the 3 districts, identifying gaps and drawing up action plans. The Project supported the DRH coordinators in Turkana North and South to conduct mentorship on insertion and removal of implants at 8 Level II and III facilities. During the mentorship, commodity consumption reporting tools, FP registers and eligibility criteria charts were distributed. FP services were initiated in 3 dispensaries: Naotin, Kaitese and Napeikar.
- The Project supported the MOPHS in commemorating World Contraceptive Day in different sites in the zone to raise FP awareness levels among community members.
- The Project placed an order for the procurement of 12,000 units of CycleBeads in order to fill the gap until a national procurement is conducted. A pilot intervention in Ijara under APHIA II NEP demonstrated the latent demand and potential for this method in NAL.
- APHIA*plus* NAL supported the integration of youth-friendly services into 13 GOK and 3 FBO hospitals in UES. The integration included identification of trained focal persons

within the facility, selected days or hours for young people to access RH services and sourcing of IEC materials targeting young people.
- The Project redistributed FP commodities to various facilities within NAL during supervision trips to ensure availability of stocks in all facilities offering FP services.
- APHIA*plus* NAL received Tiahrt charts from USAID and distributed to facilities across NAL.

Challenges and recommendations

- Inadequate supply of implants and insertion kits in most high-volume facilities in NEP.
- Inadequate knowledge of and skills on long-acting family planning methods by newly posted clinical staff.
- Cultural and religious beliefs on the use of family planning commodities pose a significant challenge on FP uptake. The Project has opted for the use of the term healthy timing and spacing of pregnancies rather than FP; the Project will also use local FM radio stations to raise awareness and advocate for the use of RH/FP services.

Planned activities for the next quarter (October – December 2011)

- The Project has procured implant trocars which will be distributed to prioritized facilities during the next quarter. APHIA*plus* NAL will also advocate with DRH for supply of implants and insertion kits for high-volume facilities in NAL.
- Coordinate with PRHC Coast to address the implant supply issue for Tana County, as well as conduct redistribution of the same within facilities.
- Provide IUCD insertion kits to high volume facilities and conduct CMEs/OJT and demand creation.
- Distribute and disseminate the national policy and guidelines on FP/RH as needed.
- Facilitate the integration of FP into postpartum, HIV and AIDS and TB services in facilities.
- Support the integration of FP and ANC services into nutrition outreach activities in liaison with district nutrition stakeholders.
- Continue providing contraceptive updates to service providers during facilitative supervision and CMEs.
- Conduct FP advocacy sessions with local opinion leaders and stakeholders.
- Support integration of Family Planning into PwP.
- Strengthen community based provision of contraceptives through Community Health Volunteers and CHEWS.

3.8 Nutrition

Key observations on performance

APHIA*plus* NAL's approach to nutrition is to provide support for the scaling up of Kenya's high impaction nutrition interventions through facility-based, community-level and outreach interventions.

- The Project supported community and facility malnutrition screening, increased disease surveillance, both for pregnant and lactating mothers and children, training in FBP and follow-up nutrition OJT/CMEs to facility staff.

- The Project collaborated with the DOD Maritime Civil Affairs Team in implementing Medical Civic Action Programs at Mnazini and Assa in Tana Delta. A total of 3483 children were given vitamin A supplements during the four-day exercises.
- The Project provided logistic support for the transportation of FBP commodities from central sites to peripheral sites across NAL, increasing the access of vulnerable populations in remote areas to this critical service. In UES, APHIA*plus* NAL negotiated for the decentralization of FBP to 4 primary sites and 30 satellite facilities. The Project identified 35 service providers from CCCs and MCH who were oriented by NHP. This is expected to significantly improve the nutritional status of very malnourished PLHIV.
- The Project incorporated district nutrition officers in 22 support supervisions to monitor nutrition and HIV activities by staff in CCCs, MCH wards and TB treatment centers in Isiolo, Garbatula, Marsabit and Samburu.
- In Turkana, APHIA*plus* NAL supported the orientation of 45 CHVs and 30 PEs on exclusive breast feeding, child nutrition and growth monitoring. CHVs in Kanamkemer were oriented on proper nutrition, detecting cases of malnutrition and child nutritional assessment using MUAC tapes at household level.
- APHIA*plus* NAL sensitized the DHMT, health workers, CHVs and community members in Makere location of Tana Delta district on the concept of PD/Hearth. A work plan was developed on the implementation of the activity, aimed at improving the nutritional status of children. Plans are under way to roll out this initiative to other districts in NEP and later to other sites in NAL.
- The Project supported integrated facilitative supervision targeting nutrition services in the facilities, OJT on early detection and management of malnutrition by health workers.
- APHIA*plus* NAL supported the scaling-up of motorbike-based outreaches where vitamin A supplementation and growth monitoring are provided. Motorbike outreaches have been found to be a cost-effective and efficient approach for increasing access to health services in remote areas.
- Increased support for malnutrition screening at the community and facility levels and linking malnourished clients to SFP by other partners. Nutritional assessment was incorporated into integrated outreaches targeting children, pregnant and lactating mothers.
- In Lodwar, the involvement of CHVs in the distribution of vitamin A supplements to under-5 children in the community enabled the project to reach vulnerable households that had never previously accessed the service.

Challenges and recommendations

- The recent long spell of drought had direct impact on the nutrition status of the population, resulting in generalized food insecurity.
- Some newly-established districts do not have a nutritionist and therefore rely on the “mother districts” for support. The Project is working closely with DMoHs and Capacity Project to prioritize recruitment of nutritionists among other cadres needed to address urgent gaps. In the most recent recruitment exercise, 14 nutritionist positions have been allocated for posting to NAL facilities next quarter.
- High expectations from communities on supplementary feeding program, even from those who are not eligible. There is therefore need for continued awareness creation and education of the communities on the purpose of the FBP and the need to do proper organization during the supply of SFP food by the local administration.

Planned activities for the next quarter (October – December 2011)

- Enhance targeted outreaches in pastoral communities for vitamin A supplementation and establish strategic linkages with organizations implementing nutrition programs, such as WFP, Save the Children, Merlin and Kenya Red Cross.
- Strengthen nutrition support for the malnourished and PLHIV through OJT, CMEs and support supervision.
- In Lodwar, assist vulnerable households to set up kitchen gardens and gunny bag gardens to boost nutrition levels.
- Hiring and posting of 14 nutritionists to NAL facilities through collaboration with the Capacity Project and in consultation with the Ministries of Health.
- Provide MUAC tapes, reporting tools, technical assistance and supervision to CHVs and PEs.
- Distribute CHANIS reporting tools to 86 facilities in Turkana county.
- Strengthen the nutritional skills for CHVs to detect cases, conduct MUAC assessment, and promote proper diets.
- Integrate nutrition issues into school health club curricula.
- Participate in district nutrition stakeholders forums.

RESULT 4 – Social Determinants of Health Addressed to Improve the Well-Being of Targeted Communities and Populations

4.1 Marginalized poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs

Key observations on performance

- In UES, the Project supported interventions to enhance economic security for a total of 104 OVC caregivers and 505 PLHIV.
- Also in UES, trained 30 TOTs in VSL/SILC. The training enables households to develop stronger economic safety nets and remain above the vulnerability level.
- A major initiative in NEP/TR has been to strengthen the capacity of PTCs to leverage resources beyond APHIA*plus* NAL. The results have been very positive, including: In Garissa, Ebeneza PTC's application to Total War on AIDS (TOWA) resulted in an award of Kshs 350,000 benefitting 60 members. The group also has sustained a revolving fund where each member contributes 100 shilling every Thursday during the groups' therapy sessions. A PTC in Modogashe has also been awarded TOWA funding. In Mandera, a PTC group with 16 members accessed NACC funding of Kshs 175,000 to implement PwP activities. In Ijara, a PTC received Ksh 20,000 from the Ministry of Gender and Social Services and has started an IGA to support and sustain the group's members. In Tana Delta, a PTC in Tarasaa successfully applied for funding from TOWA funds to implement PwP activities.
- APHIA*plus* NAL linked PLHIV in Wajir to the Hunger Safety Net cash transfer program. A total of 120 households are each supported with Kshs 3000/month. The Project is also linking with Hunger Safety Net cash transfer program to include Project OVC households in Kanamkemer, Lokori and Lokichar locations of Turkana.
- In Turkana, APHIA*plus* NAL trained 30 PTC members in VSL. The trainees of VSL are expected to either strengthen or initiate activities that will support them on economic empowerment as vulnerable HHs. The same teams are expected to extend beyond their

groups and disseminate information through various forums, for the community to adapt the skills and initiate the same.
- Meanwhile, Ministry of Agriculture extension workers are advising PTCs in Lodwar on establishing gunny sack gardening.

Challenges and recommendations

- Frequent shocks, especially during the severe drought periods, deplete gains made through VSL/SILC and IGA coping mechanisms.
- Cultural value attached to livestock is still very high. Dependency on livestock can have devastating consequences during the increasingly frequent cycles of drought. The Project is gradually sensitizing communities to identify alternative sources of livelihoods to boost their economic status.

Planned activities for the next quarter (October – December 2011)

- Support TOTs to roll out VSL/SILC.
- Continue assisting PLHIV, pastoralist groups and livestock marketers to develop skills in entrepreneurialism, microfinance and proposal writing.
- Develop a VSL/SILC and IGA monitoring and evaluation plan to ensure effective implementation and documentation of the pilot phase and inform scale-up.
- Continue advocacy and linking of PLHIV and other vulnerable populations to economic security initiatives.

4.2 Improved food security and nutrition for OVC, PLHIV, pregnant women and TB patients

Successive poor rains coupled with rising food and fuel prices have led to a worsening food security situation with alarming levels of acute malnutrition being recorded in across much of NAL. During the quarter, inadequate relief food added challenges for households which were already having limited access to food supplies.

The implications for vulnerable groups, including OVC, PLHIV and pregnant women, are particularly serious. To maintain the same body weight and level of physical activity, asymptomatic PLHIV, for example, need an increase of 10 percent in energy, according to the World Health Organization. This proportion can rise to 20-30 percent for symptomatic adults and as high as 50-100 percent for HIV-positive children experiencing weight loss.

Key observations on performance

- In UES, the Project facilitated distribution of food rations and nutritional education to 13,591 OVC through advocacy and linkages with food relief agencies and GOK food rations. The community garden managed by WAAYAP supplemented rations from relief agencies by targeting households with malnourished OVC in Isiolo and Garbatulla. Meanwhile, 96 OVC care givers participated in demonstration sessions for multistory gardens in Marsabit central.
- The Project, through linkages with the Office of the President at the district level, has successfully advocated across the region for access of PLHIV and OVC households to monthly food rations distributed in order to improve food security amongst poor and

underserved populations. This has been facilitated by the formation of PTCs to which food rations can be much more easily distributed, as opposed to individuals.
- In all health facilities supported by the project in NEP, ANC mothers were given nutrition supplementation together with their children under 3 years.
- Collaboration with the Nutrition and HIV Project resulted in increased access of vulnerable and remote populations across NAL to food by prescription services.
- PD/Hearth model was successfully initiated in Makere community unit, Tana River county.

Challenges and recommendations

- Decreasing water levels forced WAAYAP to reduce the acreage under irrigation, calling for more innovative farming approaches.
- Delay in FBP rollout in Mandera and Ijara; this will be addressed with NHP in the coming quarter.

Planned activities for the next quarter (October – December 2011)

- Continue strengthening linkages of PLHIV, OVC, pregnant women and TB patients to partners implementing food security and nutritional interventions.
- Provision of therapeutic food for PLHIV in 12 CCCs in UES to be rolled out with support from CHVs manning link desks.
- Follow-up FBP supply to Mandera and Ijara.
- Extend FBP services in Turkana beyond Lodwar.
- Initiate plans for development of a greenhouse for the PTC at Namoroputh dispensary in Loima district of Turkana.
- Lobby and link Ministry of Agriculture extension agents to schools to initiate demonstration gardens.
- Undertake a short nutritional survey in Makere, Tana River county to get a picture of the nutritional status within this region before initiation of the PD hearth concept. Orientation of health workers and DHMT members on the PD/Hearth model and initiation of PD enquiry.
- Rollout of the PD/Hearth nutritional intervention in two other locations in NEP.

4.3 Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs

Key observations on performance

Initiatives supported by APHIA*plus* NAL during the quarter included:
- Supported education/vocational training that benefited 10,574 OVC in UES, training youth out of school in life skills, and disseminating abstinence messages through school health clubs in Isiolo and Marsabit counties.
- Provided support for OVC in UES including: development and distribution of 5,539 homework diaries to ensure ECD homework is being completed and reviewed by care givers; payment of ECD, primary school and vocational training levies; provision of school uniforms; and, assisting 30 OVC to access secondary school scholarships from local banks and foundations.

- School retention continued to stabilize in Samburu where 120 OVC had their ECD school levies waived following advocacy by APHIA*plus* staff with school management committees.
- The Project assisted 326 OVC in NEP/TR with payment of school levies for ECD.
- APHIA*plus* NAL linked 1050 OVC in NEP/TR to the school feeding program.

Challenges and recommendations

- The drought continued to affect school attendance and retention. The Project lobbied for inclusion of more schools into the school feeding program.

Planned activities for the next quarter (October – December 2011)

- Continue to provide short-term, direct assistance to subsidize school-related costs (e.g., fees, books, uniforms) or to leverage cost-avoidance programs that lead to broader school access and completion.

4.4 Increased access to safe water, sanitation and improved hygiene

Key observations on performance

- Through linkages with the Millennium Water Alliance, and in collaboration with public health departments and the Ministry of Education, the Project distributed 595 boxes of PUR water purification sachets to PTCs, partner schools and health facilities in UES.
- The Project is working with school health clubs across the region to raise awareness on the importance of good hygiene and sanitation practices.
- In NEP, the Project secured water supply for three Lagdera health facilities by facilitating meetings between DHMT, FMCs and water users' association which resulted in a waiver of water fees.
- In collaboration with Mercy USA, the Project successfully advocated for 13 schools in Garissa and Lagdera to benefit from installation of water storage, hand washing and latrine facilities.
- In Wajir, APHIA*plus* NAL assisted Al-Riaya orphanage to submit a proposal to Save the Children/UK for renovation of dilapidated sanitation facilities serving several hundred orphans. The proposal was approved and work will commence next quarter.

Challenges and recommendations

- The drought gripping NAL is the worst in 60 years; in some areas of the region there has not been rain in 3 years. Under these conditions, access to safe water and good hygiene is both critically important and incredibly difficult. The needs are overwhelming but the Project attempts to address them in whatever ways it can, including leveraging resources of partner agencies with relevant mandates.

Planned activities for the next quarter (October – December 2011)

- Scale-up distribution of PUR to PTCs, schools and health facilities in collaboration with the DPHOs who will be engaged in education on PUR usage. This activity will be very important, particularly in control of diarrhea outbreaks during the rainy season.

- Support three PTCs in Marsabit to enhance their IGA management capabilities through the purchase of three water tanks and procurement of an initial tankful of water.
- Continue mainstreaming hygiene and sanitation messages in all community outreach activities.
- Support Community Units to promote environmental sanitation through community action days.
- Continued participation in WASH technical committees at the district level, advocating for hygiene and sanitation strategies and interventions in hard-to-reach communities.
- Support the public health departments to conduct and supervise school WASH activities through outreaches.
- Establish hand washing facilities in 15 priority schools in Garissa.

4.5 Strengthened systems, structures and services for marginalized, poor and underserved

Table 8: Support for OVC

Indicator	NEP/TR	UES	Turkana
Eligible adults and children provided with a minimum of one service	16,064	14,238	0
OVC enrolled in ECD program through APHIA*plus* referrals	326	120	0
OVC assisted by the projected to obtain legal birth certificates	354	92	0

Key observations on performance

- In Turkana, CHVs conducted home visits at OVC households, giving psychosocial support, referring for MNCH services, linking to food programs, and assessing nutritional status using MUAC tapes. The Project supported the establishment of 3 LOCs which will spearhead the identification of OVC for support and the implementation of the Child Status Index.
- The Project supported training of 25 QI coaches to rollout the implementation of OVC QI service standards in NEP/TR.
- Provided protection and legal aid support to OVC across the region including acquisition of birth certificates; launch of AACs and LOCs to champion OVC birth registration and child rights and protection.
- APHIA*plus* NAL recruited 2013 OVCs from Tana Delta who were taken over from APHIA II Coast. With help of the Locational OVC Committees the Project mapped the existing OVC. CHVs played an instrumental role during the process, assisting with registration, assessment and data verification.
- The Project supported CHVs in Tana Delta to raise awareness of 1260 OVC plus their care givers on teenage pregnancy and early marriages, which are a significant problem in this district.
- Birth certificate acquisition in NAL is a generally difficult, cumbersome and complicated process for OVC. Aside from the distances involved in just reaching places where the certification process is conducted, there are barriers of literacy/education and the lack of existing documentation. APHIA*plus* NAL developed innovative approaches which have

at their foundation strong collaboration between LOCs, the District Civil Registrar's Office and the Children's Department. The process features bulk processing of forms and consists of the following:

- The social worker distributes the application forms in advance through the CHVs to the care givers.
- The care givers are informed of the requirements for registration and adequate time allocated for completion of the forms.
- Agreed date is set for collection and review of forms and the same is communicated to care givers.
- Logistical support provided to the District Registrar to travel to the area requiring assistance.
- Field verification and vetting to correct and collect the forms from the care givers in the presences of the District Registrar, Chief and Assistant Chief.
- The District Registrar then issues the birth certificates.

APHIA*plus* NAL piloted this approach in Tana Delta district during the quarter. In the first day alone of the exercise the Project managed to register 119 OVC.

Field vetting and verification of birth certificate applications for OVC in Tana Delta

Challenges and recommendations

- OVC continue to miss out on birth certificates because their guardians do not have national IDs or death certificates of parents are missing.
- There are still high rates of FGM in parts of NAL. For example, a recent survey in Garbatulla district indicated that 98% of girls undergo the 'cut'. This has implications on their health, school dropout rate and early marriages.

Planned activities for the next quarter (October – December 2011)

- The Project will continue to support formation and strengthening of AACs and LOCs to assist OVC and their guardians to acquire birth certification.
- Lobby for the decentralization of the registrar's office to the new districts to increase access of remote communities to the birth certification process.

- Step up efforts that create awareness of the negative impacts of FGM and advocate for its eradication through work with religious leaders, vernacular radio stations and IEC material distribution.
- Initiate support to approximately 1500 OVC in Turkana county through the implementation of sub-agreements with 3 local partners.
- Training of 60 OVC care givers in Tana Delta.
- Train VCOs and local leaders as coaches in OVC QI, in collaboration with URC.

4.6 Expanded social mobilization for health

Key observations on performance

- Initiated planning discussions with Islamic leaders in UES for holding a conference on increasing access to and utilization of health services and addressing social and cultural determinants of health.
- APHIA*plus* NAL supported CHVs to mobilize communities in UES through 82 integrated outreaches, linking communities and facilities, and implementing TB/ART defaulter tracing.
- The Project supported dissemination of health messages on HIV prevention, stigma reduction, harmful cultural practices, and MNCH/FP through eight community radio programs in Marsabit and Samburu, as well as 24 school health clubs. Each radio program is estimated to reach over 100,000 listeners and features both pre-recorded and live sessions.
- In Turkana, APHIA*plus* NAL hosted meetings with religious leaders in Lokori, Lodwar and Loarengak; they are currently using religious platforms as avenues for awareness creation. The Project also supported mobilization of CORPs, which included religious leaders, youth leaders, civic leaders, women representatives and CSOs.
- The Project supported community dialogue and action days in five CUs in NEP/TR to identify priority health issues and propose solutions for addressing them.

Community dialogue day at Makere Community Unit, Tana River county

Challenges and recommendations

- In Turkana, the project is reaching out to traditional leaders such as kraal elders, herbalists and witch doctors. They are very significant decision makers but can be challenging to influence because of their deeply rooted cultural belief systems.

Planned activities for the next quarter (October – December 2011)

- APHIA*plus* NAL will host a conference of Islamic leaders in Isiolo, focusing on health issues in UES, similar to a groundbreaking conference held in Garissa under APHIA II NEP in 2007. It is anticipated that the Islamic leaders, who are very influential in their communities, will issue a series of resolutions at the conclusion of the conference which will form the foundation for community-level prevention programming by the Project.
- Initiate organization of a conference of Christian religious leaders from Upper Eastern and Samburu.
- Disseminate the findings of the Isiolo sexual network assessment to the Islamic leaders conference and other stakeholders' forums and through community radio programs.
- Conduct women forums to scale-up utilization of health services (ANC, PMTCT, skilled deliveries, child spacing methods, immunization) in high-volume facilities in Mandera, Garissa, Hola and Lagdera.

IV. CONTRIBUTION TO HEALTH SYSTEMS STRENGTHENING

Description of the work plan status

The Project implemented a number of health system strengthening activities, including: partnership building with various partners such as local CBOs, line ministries at district, provincial and national levels to dissemination of new NASCOP tools for use by facilities across the region. These interventions fall within the following categories:

- Health Leadership, Governance and Policy
- Human Resources for Health
- Health Financing
- Health Commodities and Equipment
- Health Information
- Health Service Delivery (covered mostly by the previous sections of this report)

Strategic Approaches

- Systems needs assessments and prioritization of actions to address the gaps at service delivery level and/or through linkages with national mechanisms, other development partners and local implementing partners. Project continued to do facility and human resources capacity assessments, identify priority needs and address and/or link-up as appropriate.
- Partnership building and linkages with national mechanisms for result 1 and 2 activities, other development partners and local implementing partners for results 3 and 4 actions. The section below outlines the partners that the project has been able to link to and collaborate with in the course of the reporting quarter.

Systems strengthening activities

Health Leadership, Governance and Policy

- Participated in the provincial Malezi Bora stakeholders' forums to share priority needs, resource gaps and allocation of resources.
- Provided TA, supported and involved the DHMTs in the planning and executions of DHSFs.
- Supported facilitative supervision by PHMTs and DHMTs of facility staff to address performance and quality gaps. The DRH and PHMT Eastern did support supervision in response to the causes of intrauterine fetal death in Moyale.
- Held meetings at the sub-regional level with LMS to introduce APHIA*plus* NAL to the LMS/Kenya Program, learn more about the respective projects and discuss Leadership, Management and Governance needs at the regional level.
- Review of and achievement of AOP7 through support of the biannual review process in each of the provinces falling within NAL.
- Distribution of SOPs of new guidelines that increase the quality and performance of HCWs.
- Involved upper Eastern PMLT in the development of a concept paper on CD4 lab networking and the presentation of the concept to DHMTs.

Training of Locational OVC Committees in Lokichar, Turkana county

Human Resources for Health

- Supported monthly facility I/Cs meetings for the purpose of data dissemination, CMEs, TA, OJT and performance monitoring. There has been significant improvement in service delivery as a result of addressing staff knowledge and skills gaps using this intervention.
- OJT, CMEs and TA conducted in the district hospitals to increase service uptake and to build skills of the healthcare workers.

- Identified critical staffing gaps and liaised with Capacity Kenya to recruit for 120 slots across NAL, with priority given to nutritionists, DHRIOs, lab techs, clinical officers and nurses. This expanded recruitment effort was primarily in response to the humanitarian crisis within the region.

Health Financing

- Negotiated with DHMTs to share part of their Kshs 200,000 district resource envelopes with some NGO and FBO facilities to carry out integrated outreaches.
- Project increased the district resource envelope by Kshs 100,000 for a limited period so as to mitigate the impacts of the severe drought and address the humanitarian crisis. The increase was intended to cater for drought mitigation activities such as nutritional assessments during integrated outreaches, disease surveillance and WASH interventions.
- Continued support for a Performance-Based Financing pilot for maternal and child health in Samburu District, in collaboration with MOH, World Bank and Population Council.

Health Commodities and Equipment

- Linked and collaborated with national mechanisms for supply of commodities, including HCM for BCP and IEC materials, SCMS for stabilizer tubes, HNP for food by prescription.
- Strengthened delivery of commodities/drugs to the facilities through provision of logistical support.
- Reduced stock out of commodities through provision of OJTs/TA to facility I/Cs on commodities management.

Health information

- Initiated discussions for supporting training of DHRIOs and facility in-charges in the new NASCOP tools and improved health information systems.
- Support to DHRIOs and DHMTs for data analysis and dissemination at the district levels.

Health Service Delivery (covered mostly by the previous sections of this report)

- Supported interdepartmental meetings in the district hospitals for the purpose of strengthening linkages within and between departments.
- Support for integrated outreach services to increase access to and utilization of services by remote communities.
- Quality and performance improvement through support supervision from the DHMTs to the facilities.
- MDR committee formation at the facility level, leading to community involvement and ownership.

Linkages with national mechanisms and other programs

- Coordinated with NHP for FBP and training of HCWs in each of the sub-regions. Creation of satellite sites bringing FBP closer to remote communities through logistic support and training.
- Linked the facilities (ARV and PMTCT sites) and the district hospitals with Kenya Pharma for ARV and OI drug supplies.
- The co-location of a Program Officer from HCSM within the NAL project has tremendously improved collaboration and networking of health facilities to SCMS and Kenya Pharma for improved supply of test kits and ARV prophylaxis.

- Collaborated with Capacity Project for recruitment and hiring of staff on behalf of the MOH. Advocated for an additional 70 positions beyond the 30 provided to each APHIA*plus* service delivery partner; the Project provided funding for an additional 20 positions to fill critical gaps.
- Held meetings at the sub-regional level with LMS to introduce APHIA*plus* NAL to the LMS/Kenya Program, learn more about the respective projects and discuss Leadership, Management and Governance needs at the regional level.
- Working closely with Ministry of Public Health and Sanitation and Ministry of Education on establishing or strengthening school health programs.
- Linked facilities to SCMS for supply of HCT and lab commodities.
- Held an introductory meeting with the national HMIS mechanism.
- Introductory planning meeting with FANIKISHA Institutional Strengthening Project.
- Through linkages with the Millennium Water Alliance, the Project distributed 595 boxes of PUR water purification sachets to PTCs, partner schools and health facilities in UES.
- The Project established linkages with the Hunger Safety Net Project cash transfer program in both Wajir and Turkana.
- APHIA*plus* NAL collaborated with the DOD Maritime Civil Affairs Team in implementing Medical Civic Action Programs at Mnazini and Assa in Tana Delta.

V. MONITORING AND EVALUATION ACTIVITIES

Key observations on performance

The Project continued to support the data feedback sessions in all districts across the region. The feedback sessions focused primarily on quarterly facility performance and addressed all health indicators as captured by HMIS. As a result of this initiative, and several other related ones, the project was able to receive 95% of data collection on time. This achievement is testimony that the HMIS infrastructure that the project has heavily invested in has matured, especially in the new operating areas of Upper Eastern/Samburu, Turkana and Tana River. The Project used these sessions, attended by district health managers and facility in-charges for high-volume sites, to also provide TA on various data collection and reporting tools.

The strengthening of data audits as part of improving the integrity of data reported from the Project coverage area, has continued to form part of routine Project M&E activities for the past quarter. The strong buy-in from the various DHMTs has enabled this activity to become a key ingredient in M&E that is integrated into DHMT supervision activities in NAL.

Technical Support to Health Facilities

The Project conducted several OJT sessions for health personnel at various health facilities within the project area. Key data elements formed the platform for the OJTs with emphasis placed on MNCH data, ART data quality, TB data extraction utilizing the newly introduced register, TB4, and on general data management.

During the quarter under review, the Project support reconstruction of ART treatment data in three high-volume sites: St. Patrick's Kanamkemer (Turkana); Isiolo District Hospital; and, Kinna CCC (Isiolo). The reconstruction process included the procurement of filing cabinets, provision of blue cards and updating of service registers to comply with NASCOP standards. At St. Patrick's, the project procured a computer to store and retrieve data on patients

seeking care and treatment. The software that is utilized will enable the facility to generate real-time summaries on the key indicators required for reporting.

M&E District Support

The Project provided TA during the transition from the File Transfer Protocol (FTP) to the new District Health Information System (DHIS). APHIA*plus* NAL Data Managers have received training as TOTs in the new DHIS system and are now relying on this system to report on several indicators while still maintaining the paper-based reporting system to verify the data.

The Project distributed community tools and assisted in training of CHVs of 5 Community Units in Turkana and Tana River.

Challenges

- The introduction of the DHIS system in areas with poor or no phone network, particularly in parts of Turkana and Upper Eastern, presents challenges in ensuring smooth transfer of data from the affected regions.
- The introduction of DHIS tools was marred by inadequate production of the same at the central level, resulting in shortages of tools required at the facility levels.

Planned activities for the next quarter (October – December 2011)

- Conclude health worker training on the new HMIS/HIV data management tools.
- Support the district-level data transmission using the new District Health Information System.
- Distribute and provide OJT on the use of the new HMIS/HIV data management tools to all facilities in NAL.
- Provide technical assistance on data management related to HIV Testing and Counseling Rapid Results Initiative (HTC-RRI) that usually precedes the World Aids Day held in December.
- Maintain the production and distribution of community, OVC and CHBC monitoring tools based on NGI/EBI requirements.
- Support quarterly district-level data performance meetings across the region.
- Provide technical assistance to local implementing partners on M&E systems and data management operations

VI. ENVIRONMENTAL COMPLIANCE

APHIA*plus* Northern Arid Lands

Cooperative Agreement # 623-A-00-07-00023-00

May 14, 2007 – May 13, 2012

Environmental Mitigation and Monitoring Report

Bi-lateral health activities funded through the USAID/Kenya Mission fall under the Environmental Threshold Decision designated at the Strategic Objective level. APHIA*plus* Northern Arid Lands (NAL) will take necessary mitigation measures and will utilize the appropriate forms for screening activities for potential environmental impacts and for monitoring compliance with determinations as set forth in the Initial Environmental Examination (IEE) of the USAID/Kenya Office of Population and Health Portfolio (SO3).

Several project activity categories are excluded from initial environmental examination as no environmental impacts are expected as a result of these activities. These include: education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); analyses, studies or research workshops and meetings; activities involving document and information transfers; programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water
Supply systems, waste water treatment, etc.); and studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning. However, if any topic associated with these activities inherently affects the environment and the Project will ensure that relevant information for mitigation is provided.

The SO3 IEE determined that certain SO3 activities have potential for negative impact on the environment in the following categories:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs;
2) Generation, storage and disposal of hazardous or highly hazardous medical waste, e.g. blood testing in VCT centers, STI/HIV testing, blood for malaria and anemia, and laboratory-related activities;
3) Small-Scale construction/rehabilitation of health facilities;
4) Small-Scale water and sanitation activities;
5) Small-Scale agricultural sector activities; and
6) Use of pesticides (i.e., specific long-lasting insecticide treated bed nets)

This annual environmental mitigation and monitoring report (EMMR) primarily addresses these activities as applicable and forms a part of the APHIA*plus* NAL Work plan. The EMMR is divided into three sections:

1. Environmental Verification Form
2. Mitigation Plan for specific environmental threats
3. Reporting Form

The Project will also cooperate with the USAID AOTR to undertake field visits and consultations to jointly assess the environmental impacts of ongoing activities and the effectiveness of associated mitigation and monitoring plans. Sub grantee activities are within the scope of the activities listed in this EMMR; any USAID/Kenya funds transferred by Pathfinder through grants or other mechanisms to other organizations under the Project will therefore incorporate this EMMR.

Part I: Environmental Verification Form

USAID/Kenya Award Name: APHIAplus Northern Arid Lands
Name of Prime Implementing Organization: Pathfinder International
Name of Sub-Awardee Organization (if this EMMR is for a sub): N/A
Geographic Location of USAID-funded activities (Province, District): all districts of USAID APHIA*plus* Northern Arid Lands
Date of Screening:
Funding Period for this Award: May 14, 2007 – May 13, 2012
Current FY Resource Levels: FY $10,371,657

This report prepared by:
Name: David Adriance **Date:** 14 June 2011

Indicate which activities your organization is implementing under SO3 funding.

	Key Elements of Program/Activities Implemented	**Yes**	**No**
1	• Education, technical assistance or training • Analysis, studies, academic or research workshops and meetings • Documents and information transfer • Programs involving health care, or family planning services except where directly affecting the environment • Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning	X X X X X	
2	Procurement, storage, management and disposal of public health commodities	X	
3	Generation, storage, handling and disposal of hazardous and highly hazardous medical waste	X	
4	Small-scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers	X	
5	Small-scale water and sanitation	X	
6	Small-scale agriculture activities, including but not limited to small crop production, drip irrigation, agriculture, horticulture, poultry and small livestock, and dairy production	X	
7	Use of pesticides	X	
8	Other activities that are not covered by the above categories		

Part II: Mitigation plan for specific environmental threats

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
1. Education, Technical Assistance, or Training etc.	• Improper disposal of used items like Condoms used during training	• Sensitization of Community members on proper disposal	-Service Delivery Advisor, -Outreach Programs Specialist	Discussions' of Environmental impact included in training and other materials	-Review of Materials Interviews	Quarterly
2. Procurement, Storage, Management and Disposal of Public Health Commodities	• Improper storage of commodities (HIV test kits, ARVs OI drugs, Contraceptives, condom, nutrition supplements) • • Improper disposal of commodities, chemicals or expired drugs (ARVs, OI drugs, contraceptives) • Improper disposal of packaging materials • Improper disposal of used items like Condoms, Test kits etc.	• Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities • Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of drugs and chemical • Sensitization on decontamination of waste before disposal	-Service Delivery Advisor - District Facilities Coordinators	-Storage and disposal information integrated into training curricula -#Continuous Medical Education session conducted that address Commodity management (storage and disposal) # Health facilities with pits for disposal of waste # Health facilities with or linked with incinerators	- Review of training curricular - Review project database for CME conducted - Report review of Supervision visits and facility records -Document observations during site visit - Interviews	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		• Facilitation of Sub grantee on disposal of wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide National guidelines on same • Provide linkage of Facilities to incinerators facility available				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
3. Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste	• Medical waste not sorted out for proper handling, effective treatment and disposal methods to be used • Medical waste not decontaminated before disposal potentially contaminating water supplies • Medical waste disposed in open ground and falling in the wrong hands potentially transmitting diseases • Medical waste not incinerated as per set standards	• Sensitize Facility in charges to have a written Waste Management plan (*Written plan*- describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.) • Follow-up/monitor health facility's waste management plan through on-site TA • Train Facility in-charges and health staff on waste separation handling, temporary storage disposal of hazardous medical wastes via CME course	-Service Delivery Advisor - District Facilities Coordinators	# of Health facilities with Waste management plan. # Health facilities with pits for disposal of waste # Health facilities with or linked with incinerators #Continuous CME conducted that address medical waste and disposal and infection prevention	- Site visits including observations and practices and review of facility record - Review of project database of CME conducted - Review of project files on individual health facilities	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		• Sensitization on decontamination of waste before disposal • Facilitation of Sub grantee on disposal of hazardous wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide injection safety container				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
4. Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers	• Ground excavation when laying pipes resulting to removal of natural land cover causing sedimentation of surface water. • Channeling of drainage water into water system degrading water supply • Disposal of construction materials causing damage to aesthetics of the site/area. • Contamination of groundwater and surface water through improper disposal on toxic materials used in construction materials e.g. paint and solvent •	• Sensitize contractors on environmentally friendly installation • Sensitize contractors on drainage channeling • Sensitize contractors on site rehabilitation • Sensitize contractors to safely dispose hazardous materials.eg Burn waste materials that are not reusable/readily recyclable, do not contain heavy metals and are flammable	Service Delivery Advisor - District Facilities Coordinators	-renovation checklist Completed for each site #. of renovated sites with rehabilitated environment # of sites with proper drainage management	-Site visits -review of documentation	-At startup, weekly, at handover

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
5. Small Scale Water and Sanitation	Construction or renovation of hand washing stations, public showers, latrines or wastewater and drainage at health facilities, training centers or IP offices - or renovating surface or groundwater supply systems - results in damage to ecosystem, altered drainage, sedimentation of surface and ground water contamination	--Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Examples include: (1) locate water sources upstream from potential sources of contamination; (2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.	Service Delivery Advisor - District Facilities Coordinators	--Renovations checklist completed for each site --Contractor site plan addressing key points such as use of space, schedule of activities, etc. in place and adhered to --Design approval from GOK authority --Water quality of prescribed standard	--Site visits --Review of documents --Facilitate GOK authorities to conduct water quality tests --Review records of health education topics provided by project Advocates and CHVs in facilities	--At start-up, weekly during renovations, at hand-over
6.Small-Scale Agricultural activities	-Desertification due to over grazing - Drainage and degradation of wetland and riparian areas Reduction of water quality	N/A-Sensitize the project beneficiaries in improvement of grazing management - Vegetate riparian areas to prevent erosion along stream banks - Improve training of farmers in input use, especially chemicals	Outreach Program Specialist -District Community Coordinator	-# of household employing improved grazing husbandry methods -% of riparian areas vegetated #of farmer trained in input use and Chemical use	-Site monitoring visits -Review report	-Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
7. Use of Pesticides	-Termite control in renovation of facilities noted above (where necessary) is done improperly. -Inappropriate handling or storage of pesticides causing acute or chronic health effects Inappropriate disposal of obsolete pesticides that could contaminate water	Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Sensitize project beneficiaries on integrated pest management control	-Service Delivery Advisor - District Facilities Coordinators Outreach Program Specialist -District Community Coordinator	--Termite control effected as per GOK standards: indicators TBD depending on type of renovation -# of households trained and employing improved pesticide management methods	--Site visits --Contractor records review Site monitoring visits	Once, during pesticide application -Quarterly
8. Other Activities	None	N/A	N/A	N/A	N/A	N/A

Part III: Reporting Form

For the Project Period: May 14, 2007 – May 13, 2012 **List each mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)**	**Status of Mitigation Measures**	**List any outstanding issues relating to required conditions**	**Remarks**
Education, technical assistance and training Education, technical assistance and training about activities that inherently affect the environment includes discussion of prevention and mitigation of potential environmental effects	Project continues to ensure that activities that inherently affect environment are supported. In line with the national training curricula, project staff ensures that infection prevention that is integrated in most curricula is covered during all supported trainings. In addition, the project staff in collaboration with PHMTs/DHMTs has continued to provide TA to supported sites. The Project has also continued to support continuing medical education in infection prevention, provision of commodities and supplies(disinfectants, decontamination buckets and gloves)	No outstanding issues	Project will continue to incorporate discussion of mitigation within any educational or TA activity of relevance at both facility and community level. In addition, the project will continue to provide infection prevention supplies and commodities and; to support PHMTs/DHMTs to conduct supportive supervision in the province.
Procurement, Storage, Management and Disposal of Public Health Commodities • Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities • Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of drugs and chemical	Project continues to support training of services providers in commodity management using national curricula which includes storage and disposal in addition to provision of national guidelines. The Project staff continues to provide ongoing TA at supported sites. The Project continued supporting the	-Construction or renovation of incinerator where lacking in some facilities	- The Project conducted facility assessment in the Upper Eastern, Samburu and Turkana and noted facilities lacking proper waste disposal facilities such as incinerators and is working to link facilities to organizations that can assist in construction or renovation -The Project will continue to support the

• Sensitization on decontamination of waste before disposal • Facilitation of Sub grantee on disposal of wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide National guidelines on same • Provide linkage of Facilities to incinerators facility available	PHMT/DHMTs in conducting support supervision and in identifying any gaps in environmental mitigation processes and checking where facility linkages can be done to manage waste disposal were practical.		facilities identify mechanism of disposal of expired drugs.
Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste • Sensitize Facility in charges to have a written Waste Management plan (*Written plan*- describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.) • Follow-up/monitor health facility's waste management plan through on-site TA • Train Facility in-charges and health staff on waste separation handling, temporary storage disposal of hazardous medical wastes via CME course • Sensitization on decontamination of waste before disposal	The Project will continue to support CMEs on waste management at facility and district level. Continue to provide waste bins and bin liners of different color codes as stipulated in the national guidelines. Support PHMT/DHMT in supportive supervision to ensure waste management plans are implemented. Support digging of compost pits to facilitate disposal of non-bio-hazardous waste. The Project will continue to provide injection safety boxes as need arises	Health Care Waste management program checklist and action plan at the supported sites and any new site that the project may expand to. -Provision of injection safety containers	The Project in collaboration with DHMTs will continue to assist remaining sites and any new site in completion of waste management program checklist and action plan; to provide waste bins and liners, encourage linkages on transportation and incineration of medical waste; to support CMEs in waste management; monitor and provide onsite TA on waste management; supportive digging of compost pits as applicable; support DHMTs in supportive supervision and establish linkages on transportation of medical waste for incineration from facilities without incinerators to certified incinerators within their regions when practical province.

• Facilitation of Sub grantee on disposal of hazardous wastes • Mainstreaming of universal precaution session on whole site orientation • Mainstreaming of universal precaution session in facilitative supervision • Provide injection safety container	The Project will support DHMTs in developing action plans on waste management for their respective sites. Supported sites will be supported in completing the minimum checklist and action plan and project staff in collaboration with DHMTs continue to monitor and provide o site TA on waste management. -The Project will continue to support CMEs in medical injection safety.		-Project will continue providing injection safety boxes on need basis
Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers • Sensitize contractors on environmentally friendly installation • Sensitize contractors on drainage channeling • Sensitize contractors on site rehabilitation • Sensitize contractors to safely dispose hazardous materials. For example, burn waste materials that are not reusable/ readily recyclable, do not contain heavy metals and are flammable	The Project has developed a : -Standard checklist on environment, health and safety in small construction projects that the contractors have been filling before start of every project -End of job or task environment, health and safety performance evaluation form to be filled by the responsible project staff on completion of every project.	-Work is ongoing in several sub-grantee sites. The Project staff will ensure standard checklist is adhered to during the renovation.	The Project staff will continue to ensure that the contractors fill the standard checklist before the start of every project and at the completion of every renovation, the said project staff will ensure end of job performance evaluation form is filled.
Small Scale Water and Sanitation • Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Examples include:	The Project will : -Encourage Standard checklist on environment, health and safety in small construction projects the	-Although the project is not having any renovation works, other partners do and there is need to ensure	-The Project staff will continue to ensure that Partners request the contractors fill the standard checklist before the start of every project and at the completion of

(1) locate water sources upstream from potential sources of contamination; (2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.	contractors have been filling before start of every project handle by other partners in the project area handling social determinates -Ensure end of job or task environment, health and safety performance evaluation form to be filled by the responsible project staff on completion of every project. -The Project supports “Malezi Bora”	that environment, health and safety performance evaluation form has been filled and standards adhered to. -Topics on water	every renovation, the said project staff will ensure end of job performance evaluation form is filled. -The Project staff will ensure topics on water and sanitation become routine facility based health talks.
Small-Scale Agricultural activities -Sensitize the project beneficiaries in improvement of grazing management - Vegetate riparian areas to prevent erosion along stream banks - Improve training of farmers in input use, especially chemicals	The Project will ensure Partners: -providing livestock as part of IGA ensure beneficiaries are follow improved grazing managements - trained on input use to avoid degradation - Project will ensure sub grantee adopt safe farming methods and vegetate riparian areas to prevent erosion along river banks	-Verification that improved grazing management and agricultural practices are being observed.	The Project staff will continue to ensure where safe agricultural practices are used.
Use of Pesticides -Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. -Sensitize project beneficiaries on integrated pest management control	- Project will ensure that Partners provide training on Integrated Pest Management any activities that may require use of pesticides e.g. Kitchen and vegetable gardens, livestock IGA etc.	No outstanding issues.	The Project staff will continue to ensure where pesticides are used, they are biodegradable.
Other Activities *N/A*	n/a	n/a	n/a

VII. FINANCIAL REPORT

Name of Partner:	**Pathfinder International**
Name of Project:	**APHIA*plus* Northern Arid Lands**
Agreement Number:	**623-A-00-07-00023-00**
Total Estimated Cost:	**$27,988,583**
Obligated Funds:	**$20,713,517**
Future Mortgage:	**$7,275,066**
Project Start Date:	**14 May 2007**
Project End Date:	**13 May 2012**
Financial Status for the period ending:	**30 September 2011**
Date Prepared:	**15 November 2011**

Funding Source

	Funding Source						
	PEPFAR	POP	MALARIA	MCH	NUTRITION	TOTAL	Cost Share
A. Obligated Funds to date:	17,623,027	2,680,490	100,000	160,000	150,000	20,713,517	1,800,000
B. Cumulative Expenditures (as of 30/Sept/11):	14,352,260	1,169,691	100,000	160,000	18,751	15,800,702	1,580,070
C. Actual expenditures: 1 July through 30-September-11	1,311,887	605,486		-	100,914	2,018,288	201,829
D. Accruals for current quarter	-	-	-	-	-	-	-
E. Total Accrued Expenditures (B+C+D) From inception to date:	15,664,147	1,775,177	100,000	160,000	119,665	17,818,990	1,781,899
F. Remaining Balance (Pipeline): (A-E)	1,958,880	905,313	-	-	30,335	2,894,527	-
G. Estimated Expenditures for next quarter (ending 30/Dec/11):	4,918,396	905,313	-	-	25,214	5,848,923	584,892
H. Projected Expenditure for next Quarter plus one quarter Jan-Mar 12:	2,769,228	-	-	-	25,214	2,794,442	279,444
I. Estimated remaining LOP monthly burn rate (after Mar 12):	497,610	-	-	-	10,086	507,695	50,770

Financial Report narrative

The Project has spent cumulatively $17,818,990 or 86% of the total obligated amount of $20,713,517. Expenditure against the last obligated amount of $7,247,661 is $4,353,134 or 60%. This is expected to increase to $10,247,661 or 141% in the next coming quarter. A pipeline analysis will be prepared to request for additional funding.

APHIA*plus* budget was allocated 43% MCH funding estimated to total $5.9M. However, per the last modification #7, the total obligated MCH funding to date has been $160,000. Currently the project expenditure against MCH funds has been exhausted.

The Project spent $2,018,288 during the quarter which was 80% of the projected amount of $2,521,371 for the quarter. Project expenses are expected to significantly increase in the quarter September to December, 2011 for a variety of reasons, including:

- payment for VMMC and EMOC equipment
- renewal and/or initiation of sub-grants and fixed obligation grants
- procurement of substantial OVC-related items
- procurement of drought mitigation-related supplies and equipment
- government partners' travel expenses

The Project is on target for meeting its cost share requirement and is currently able to report $1.78M (98%) out of the required $1.8M.

ANNEX I

PERFORMANCE MONITORING PLAN

Performance Indicator	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	NAL Total	NAL Target	% Year 1 Target Achieved
GENDER						
# of people reached by an individual, small group or community-level intervention that explicitly addresses norms about masculinity	1,147	1,200	3,500	5,847		
Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	381	1,253	3,299	4,933		
# of people reached by an individual, small group or community-level intervention or service that explicitly addresses the legal rights and protection of women and girls impacted by HIV/AIDS	381	1,238	3,326	4,945		
# of people reached by an individual, small group or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS	396	1,180	3,575	5,151		
MARPs						
# of MARPs reached with individual and/or small group interventions that are based on evidence and/or meet the minimum standards required	2,391	2,717	3,767	8,875		
PREVENTION WITH POSITIVES (PwP)						
# of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	729	1,068	1,658	3,455		
SEXUAL AND OTHER BEHAVIORAL RISK PREVENTION						
# of targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required (OB/C-BAB/C)	1,294	4,810	7,706	13,810		
# of targeted population reached with individual and/or small group-level prevention interventions that are primarily focused on abstinence and/or being faithful and are based on based on evidence and/or meet the minimum standards required (AB/F)	6,185	4,934	5,047	16,166		
IR3: Increased use of quality health services, products and information						
COUNSELING AND TESTING						
# of service outlets providing counseling and testing according to national or international standards	91	91	327	327	162	202%
# of individuals who received testing and counseling services for HIV and received their test results	46,321	56,333	50,379	153,033	250,000	61%
HIV/AIDS TREATMENT/ARV SERVICES						
# of clients with advanced HIV infection newly enrolled on ART	242	302	310	854	2,750	31%
Paed	27	39	42	108	250	43%
Adults	215	263	268	746	2,500	30%
# of clients with advanced HIV infection receiving ART (currently)	3,483	4,614	4,986	13,083	6,350	206%
Paed	362	514	563	1,439	1,000	144%
Adults	3,121	4,100	4,423	11,644	5,350	218%
# of clients with advanced HIV infection who ever started on ART	4,696	5,891	6,185	16,772	7,850	214%
Paed	462	680	717	1,859	1,250	149%
Adults	4,234	5,211	5,468	14,913	6,600	226%

% of adults and children known to be alive and on treatment 12 months after initiation of ART			76	76		
% of HIV positive persons receiving CD4 screening at least once during the reporting period			39	39	60	65%
# of HIV positive persons receiving CD4 screening and CTX prophylaxis **	421	9,084	12,281	21,786	12,000	182%
# of HIV clinically malnourished clients who received therapeutic or supplementary food	61	161	562	784		
# of service outlets providing ART services according to national or international standards			81	81	95	85%
PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)						
# of service outlets providing the minimum package of PMTCT services according to national or international standards	412	370	352	1,134	450	252%
# of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,286	18,516	17,520	56,322	95,000	59%
% of HIV positive pregnant women who received ART to reduce the risk of MTCT			83%	83%		
# of HIV positive pregnant women newly enrolled into HIV care and support services	208	164	124	496	850	58%
# of infants tested for HIV at 6 weeks	48	49	42	139	680	20%
% of infants born to HIV+ women who received an HIV test within 18 months of birth			45	45		
# of HIV-exposed infants provided with ARVs prophylaxis	160	107	91	165	850	19%
PALLIATIVE CARE (EXCLUDING TB/HIV)						
# of individuals provided with HIV-related palliative care (excluding TB/HIV)	633	617	668	1,918	2,800	69%
# of individuals provided with HIV-related pediatric palliative care (excluding TB/HIV)	119	92	91	302	1,000	30%
% of HIV positive patients who were screened for TB in HIV care or treatment settings			42	42		
# of HIV positive patients in HIV care or treatment (pre-art or ART) who started TB treatment	111	130*	150	261	520	50%
# of TB patients who received HIV counseling, testing and their test results at USG-supported TB outlets	1,040	1,054	970	3,064	3,500	88%
VMMC						
# of VMMC clients		24	-	24	4,000	1%
MNCH/RH/FP						
# of deliveries performed in a USG-supported health facility	6,047	6,998	6,356	19,401	25,000	78%
# of ANC visits with skilled providers in USG-supported health facilities	37,729	37,753	39,619	115,101	120,000	96%
# of children less than 12 months of age who received DPT3 from USG-supported programs	9,308	17,084	24,325	50,717	87,000	58%
# of children <5 years of age who received vitamin A from USG-supported	43,148	122,010	91,084	256,242	201,500	127%
# of children receiving measles vaccine	15,221	22,169	24,886	62,276		
# of children receiving BCG	16,092	20,455	27,949	64,496		
# of cases of child diarrhea treated in USG-supported site	26,104	38,625	38,124	102,853		
# of new FP acceptors as a result of USG assistance by FP method	25,808	20,896	21,358	68,062	31,250	218%
Pills	2,589	3,395	2,965	8,949		

Injections	9,483	11,184	11,485	32,152		
I.U.C.D.	89	87	84	260		
Implants	325	280	194	799		
Male Sterilization	-	-	-	-		
Female Sterilization	8	8	3	19		
Condoms	12,242	5,157	5,736	23,135		
Other	1,072	785	891	2,748		
3.1 Increased availability of an integrated package of quality high-impact interventions at community and facility levels						
# of service outlets providing an integrated package vitamin A from USG-supported program	33	219	275	249		
# of service outlets providing HIV-related palliative care (excluding TB/HIV)	97	113	204	113	195	58%
# of service outlets providing HIV-related pediatric palliative care (excluding TB/HIV)	123	137	88	137	130	105%
# of service outlets providing PEP	73	89	84	89	120	74%
% of pregnant women receiving 2 doses of IPT			97	97		
# of service outlets providing clinical prophylaxis and/or treatment for TB to HIV+ individual (diagnosed or presumed) according to national or international standards	123	95	87	95	170	56%
# of USG-assisted service delivery points providing FP counseling or services	407	352	385	407	450	90%
CYP provided through USG-supported programs	5,239	4,918	5,005	15,162	15,000	101%
# of targeted condoms service outlets	47	176	195	176	190	93%
# of condoms distributed (GOK health seeking indicator and standard OP)	120,117	111,663	99,390	331,170	240,000	138%
% of districts with community IMCI intervention	46	46	87	46		
# SP participating in CME or CE	235	1,361	1,764	3,360	1,000	336%
# of service outlets integrating HIV/AIDS, TB, RH/FP, malaria and MNCH services by facility type			230	230	170	135%
% of facilities with stock-outs of methods	-	-	-	-		
# of service outlets with full contraceptive method mix	32	199	219	199	88	226%
# of mobile units with providing testing	9	9	26	9	46	20%
# of service outlets with youth-friendly services	19	20	21	21	28	75%
3.2 Increased demand for an integrated package of quality high-impact interventions at community and facility levels						
# of facilities with private counseling areas	29	48	80	73	49	149%
# of facilities with functioning facility management committee	63	107	122	107	75	143%
# of functioning Community Units (GOK health sector indicators and SOP manual)	-	9	26	23		
# communities implementing the CS	-	9	24	24		
3.3. Increased adoption of healthy behaviours						
# of BCC products distributed by type			8	8	15	53%

3.4 Increased program effectiveness through innovative approaches						
% of facilities using data for performance monitoring			264	264		
# of CU using data for DM	7	9	24	24	15	160%
# of eligible adults and children provided with a minimum of one care service	27,547	31,451	30,302	89,300	31,000	288%
# of local organizations and service points provided with technical assistance for strategic information	12	23	37	72	135	53%
# of local organizations and service points provided with technical assistance for HIV-related policy development	-	28	41	69		
# of local organizations and service points provided with technical assistance for HIV-related institutional capacity building	-	25	35	60		
IR4: Social determinants of health addressed to improve the wellbeing of the community, especially marginalized, poor and underserved populations						
4.1. Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs						
# of people actively involved in economic security initiatives through Project linkages	11	663	920	1,594	1,000	159%
# of PLHIV support groups formed and/or linked to other services as appropriate	15	91	33	139	16	869%
4.2: Improved food security and nutrition for marginalized, poor and underserved populations						
# of eligible clients who received food and/or other nutrition services	3,249	5,436	5,467	14,152	10,000	142%
4.3: Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs						
# of schools supported by child-friendly programs	-	10	50	60	210	29%
# of youth trained in life skills	-	1,588	1,988	3,576	15,500	23%
# of OVC enrolled in ECD program through APHIA*plus* referrals	153	1,359	446	1,958	3,200	61%
4.4: Increased access to safe water, sanitation and improved hygiene						
# of water and/or sanitation projects established in Project-supported facilities through linkages with USG-funded WSS projects	1	20	28	49	80	61%
# of organizations and outlets selling POU and SW products through linkages with HCM Project	5	-	11	16	90	18%
# of hygiene sessions held at schools	-	327	105	432	420	103%
4.5 Strengthening systems, structures and services for protection of marginalized, poor and underserved populations						
# of OVC assisted by the Project to obtain legal birth certificate	-	364	446	810	7,000	12%
# of VHH identified and referred to services	-	217	1,836	2,053	1,450	142%
4.6 Expanded social mobilization for health						
# of RL who are advocating for reduced stigma and improved MNCH	3	46	38	87	11	791%

ANNEX II

WORK PLAN STATUS MATRIX

AOP Activity Ref:	Indicator Ref:	Output:	Source (Ministry/Other):	Planned Activities:	Activity Status	Reason for Variance	Action Plan
Project Management and Administration							
Monitoring and Evaluation							
	48	29 Districts supported to hold 6 district level data dissemination meetings		Support quarterly district level data dissemination feedback meetings including AOP 6/7 performance review	This activity is on-going and all the Districts within the NAL region have conducted dissemination sessions.		
		At least 15,000 OVCs have their profiles stored electronically		Facilitate electronic storage of the OVC profiles	This plan is on course with about 10,000 OVC photo's and all OVC enrolled have their profiles electronically stored		
		80% of health facilities in NAL region conduct DQAs		Conduct Data Quality Assessments for community and facility interventions	On-going		
	48	100% of health facilities in NAL conduct data/HMIS supportive supervision		Conduct data/HMIS supportive supervision for health facilities	On-going		
		29 DHRIOs oriented on NGIs		Support orientation for DHRIOs on PEPFAR's Next Generation Indicators	Completed successfully		
	48	29 DHRIOs and 29 DASCOS oriented on data cleaning for HCT data		Provide technical assistance on data management related to HCT rapid results initiative	Completed successfully		
		100% of CU's have community monitoring tools		Revise and distribute community monitoring tools based on NGI	Revision of all tools completed and distributed		
Result Area 3: Increased use of quality health services, products and information							
Intermediate Result 3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility levels							
Expected Outcomes:							
		1 facility assessment tool developed/adapted		Develop/adapt a facility assessment tool for use during a joint comprehensive facility assessment	Completed		
		1 Facility assessment report		Joint facility assessment of high volume facilities in Upper Eastern and Samburu, Turkana and Tana River to identify needs in terms of training, infrastructure, equipment and supplies	Completed		

				Communicate district-level resource envelopes to MOH for informing AOP planning	Completed		
Counseling and Testing							
AOP Cohort 5 and 6		120 facilities conducting and reporting on PITC		Support PITC/DTC through facilitative supervision and quality improvement approaches	Completed	Over 230 sites reporting on PITC and captured as CT sites	
	46	50 additional VCT sites identified		Identify additional VCT sites or rooms and link them with the national renovation mechanism	Not done	Expected coordination with the national mechanisms initiatives on renovations and Training	The project appreciates that static VCT not appropriate for NAL hence the need to change approach and expand moonlight, integration of HTC (PITC) and house-to-house CT
Palliative Care TB/HIV							
				Improve HIV/TB data management through OJT and quarterly data audit	On-going		
				Facilitate TB/HIV quarterly meetings through provision of TA and secretariat services	On-going		
	40; 34	45 CCCs reporting on FP integration		CCCs will be supported to assess PLHIV for FP needs and offer contraception or safer pregnancy counseling including referral for Family Planning services	On-going		
	50; C.1.1.D/N	TBD		Support facilities to ensure PLHIV receive a minimum care package through assessment of partner status and provision of partner counseling and testing or referral	On-going		
HIV and AIDS Treatment/ ARV Services							
AOP Cohort 5 and 6	27	30 new sites offering and reporting on ART services		Continued scale up of ART services by increasing the # of sites by 10 in each sub-region through provision of TA, QI and linkages	On-going	Delayed training of health workers to expand sites offering ART services still a handicap	Scale-up of CD4 lab networking in all sites providing CT and establishment of satellite sites initiating ARTs enabled the project commence 9 satellite sites
		2,000 blood samples analyzed for CD4 and 1200 DBS samples tested through lab networking		Logistical support for the transportation of CD4 and EID specimens	On-going		
	12; 13	550 DBS samples analyzed and results availed		Conduct OJT and support referral of specimens to KEMRI/AMPATH labs to improve Early Infant Diagnosis	On-going		

	14	150 infants initiated on ART		Improve pediatric HIV treatment through linkage of EID results to index (mother) results to ensure timely ART initiation	On-going		
	27	1,450 adults and infants initiated on treatment		Support the provision of ART services through re-distribution of ARVs, test kits and other related supplies and distribution of guidelines to new sites	On-going		Increased enrollment into care and treatment of HIV+ clients through the health worker mentorship program
				Support ART data reconstruction and OJT in PGH and district hospitals	On-going		
North Eastern Province and Tana River							
	40	6 health facilities report on successful integration of MCH and ART services into TB centers		Integration of MCH and ART services into TB centers (6 centers in NEP/TR)	On-going		
				Support the strengthening of CD4 lab networking in Tana River through TA, specimen transport and linkages to Garissa PGH for facilities in Tana River district (in coordination with Coast PHMT)	On-going		
	57; C5.1.D; 8; C2.3.D			Scale-up FBP sites in Mandera and Masalani by facilitating linkages btw PTCs and CCC in coordination with NHP	On-going		
				Support 20 HIV care satellite sites to offer minimum care package including cotrimoxazle prophylaxis, multivitamins, baseline lab assessment and WHO staging	On-going		
Condoms and Other Prevention Activities							
North Eastern Province and Tana River							
				Identification of high-risk behaviors, places and populations, particularly in Tana River	Completed		
AOP Cohort 5 and 6	36; P8.4.D	20 condom outlets established and reporting		Establish 20 condom outlets around hotspots	Completed and target surpassed		
	43			Increase the number of mobile outreaches providing counseling and testing	On-going		
	43			Continued support and scale up of monthly mobile, moonlight and house-to-house VCT outreaches in urban centers	On-going		
				Expand worksite MARP peer educators program			
	20; P8.1.D			Support worksite PE to conduct awareness sessions targeting individuals/ small groups (MARPs) on relevant thematic areas	On-going		

Turkana							
				VMMC			
				Participate in and provide secretariat support to a Turkana County VMMC task force led by the MOH	on-going		
				Two staff dedicated VMMC clinical teams in Turkana North and Turkana South, with recruitment assistance from Capacity Project, and provide with necessary equipment and supplies.	on-going		
	P5.1.D; 50; C1.1.D/N			Ensure the provision of the minimum package of services for VMMC, including integration of HIV CT and risk reduction counseling, by the dedicated VMMC clinical teams	on-going		
				CHWs conduct community mobilization events on VMMC in coordination with VMMC service provision by dedicated clinical teams	on-going		
Prevention of Mother-to-Child Transmission							
AOP Cohort 5 and 6	28	398 health facilities in NAL offer at least dual prophylaxis for PMTCT		Support the provision of comprehensive PMTCT services by proving TA to the DHMT to ensure supply of dual prophylaxis in all facilities offering PMTCT	on-going		
	66; 22			Through involvement of religious leaders and other community gate keepers, community mobilization for early ANC attendance to be supported in the three sub-regions	On-going		
	12; 13			Expanded EID and HIV-exposed infant follow-up, enrollment of infected babies into care and treatment through active case finding, provision of guidelines, posters and EID materials	On-going		
		600 men counseled and tested within the PMTCT setting		Encourage male involvement in PMTCT through couple counseling, and service promotion through local media (FM stations)	On-going and target expected to be surpassed		
North Eastern Province and Tana River							
	28	40 new sites in Tana River reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (40 sites Tana River County)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training

Turkana							
	28	20 new sites in Turkana reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (20 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
Upper Eastern and Samburu							
	28	50 new sites in Upper Eastern reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (50 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
Maternal Health							
AOP Cohort 1	21	10,450 mothers deliver through skilled attendants		Increase skilled deliveries through provision of EOC packages, guidelines and supervision, as well as OJT/CME for health providers on FANC and other relevant topics	On-going		
AOP Cohort 1		79,500 women attending at least 4 ANC visits		Support mother child clinics and other CBO-run health facilities through TA and supervision	On-going		
Newborn and Child Health							
AOP Cohort 1	23	Measles-56,000, DPT3- 51,000, BCG-79,500		Improved immunization coverage through facilitating implementation of the reach every district (RED) strategy by supporting integrated outreach, defaulter tracing	On-going with key targets surpassed		
	24	207,500 children under 5 years supplied with vitamin A		Support DNOs to conduct growth monitoring, deworming, Vitamin A supplementation in ECD centers	On-going		
		Number of cases of child diarrhea treated in USG supported site		Supportive supervision and guidance to SPs for training mothers on how to make ORS at home	On-going		
AOP Cohort 1				Facilitate the distribution of LLTN to pregnant women and under 5s in selected sites	On-going		
AOP Cohort 2	1; P11.1.D			Support PITC for sick children esp. in pediatric wards and outpatient (MCH) departments	On-going		
FP/RH							
AOP Cohort 1				Conduct performance improvement/quality improvement monitoring of Contraceptive Technology Update trainees as part of routine support supervision	On-going		
Upper Eastern and Samburu							
	8; C2.3.D; 57; C5.1.D			Establish a relief food distribution system targeting PLHIV in Maralal, building the capacity of local partners to implement, monitor and report effectively	on-going		

				Facilitate nutrition and HIV OJT in Isiolo DH for all CCC, MCH and TB clinical staff (include social workers)	on-going		
	8; C2.3.D			Decentralize NACS/FBP services to 2-3 satellite sites (OJT, distribution of food commodities to the sites and facilitate in availing satellite reports to the Isiolo DH on a monthly basis).	on-going		
Adolescent SRH							
	44			Support the implementation of Youth Friendly Service in provincial and district hospitals through refurbishment and furnishing (linkages with G-Youth and others)	On-going		
Malaria							
				Distribution of LLITN in high-risk zones (target pregnant women and under 5 children)	On-going		
				Support the provisions of ACTs, RDTs through TA, linkages and supervision	On-going		
				CHWs mobilize communities near high volume facilities as well as conduct outreach in coordination with PHC outreach	On-going		
Water and Sanitation							
AOP Cohort 3	61			Increase the number of health facilities and schools that initiate and complete water and /or sanitation projects as a result of linkages made to USG-funded WSS projects	On-going		
	61			Increase the number of facilities with infection prevention and waste disposal systems through linkages and TA	On-going		
Intermediate Result 3.2: Increased demand for an integrated package of high impact interventions at community and facility levels							
Expected Outcomes:							
CHW Outreach Activities/ Community Strategy							
North Eastern Province and Tana River							
	45			Hold consultative review meeting with DHMTs on ongoing community strategy in Ijara and Garissa districts	On-going		
	26; 45			Facilitate provision of CU support logistics (reporting tools, registers and chalk boards) to all functional CUs	On-going		

Intermediate Result 3.3: Increased adoption of healthy behaviors							
Expected Outcomes:							
North Eastern Province and Tana River							
				Review Jipange program evaluation to determine risky behavior in secondary schools, scale up/rollout to 20 additional schools as a basis for evidence based programming	On-going		
	59			Identify/replace 50 out-of-school youth leaders for life skills training for Jipange and Chill program	On-going		
Intermediate Result 3.4: Increased program effectiveness through innovative approaches							
Expected Outcomes:							
Integrated mobile and other outreach services to reach MARPs, women, girls and hard to reach populations to bring care closer to the client (these activities are also reported under IR 3.1 and 3.2)							
	43			Increase the number of mobile outreaches providing counseling and testing	On-going		
				Support prevention outreach among MARPs including targeted BCC	On-going		
				Support HCT targeting MARPs	On-going		
	21			CHW outreach to include safe motherhood, development of birth plans, danger signs and refer for skilled delivery	On-going		
AOP Cohort 2	24; 8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going		
AOP Cohort 2	8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going and target expected to be surpassed		
Result Area 4: Social determinants of health addressed to improve the well being of the community, especially marginalized, poor and underserved populations							
Intermediate Result 4.1: Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs							
Expected Outcomes:							
	56			Link PLHIV to partners providing services / social safety nets (IGA, BCC, credit facilities)	On-going		
Intermediate Result 4.2: Improved food security and nutrition for marginalized, poor and underserved populations							
Expected Outcomes:							
Improved food security and nutrition for PLHIV							
	8; C2.3.D; 57; C5.1.D			Support CHWs to conduct nutrition screening to HBC clients and link them to food security programs	On-going		

				Support the referral and linkage of PLHIV to FBP services Facilitate linkages between PTCs, CBOs and NHP support	On-going On-going		
Improved food and nutrition for pregnant women and TB patients							
	57; C5.1.D			Refer eligible pregnant & lactating mothers, TB patients to food supplementation initiatives	On-going		
Intermediate Result 4.3: Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs							
Expected Outcomes:							
	58			Identification of schools to support child friendly activities	Completed		
				Train teachers and AACs on child rights, protection and participation, stimulative classrooms and child friendly environment	On-going		
	58			Support and establish child friendly services in targeted schools through provision leaning equipment	On-going		
				Conduct school enrollment drive targeting OVC in partnership with LOCs, MOE and Children dept.	On-going		
				Monitor and supervision of child right, protection and participation activities	On-going		
				Support FOGs to identify schools to support child friendly activities	On-going		
Intermediate Result 4.4: Increased access to safe water, sanitation and improved hygiene							
Expected Outcomes:							
	63			Liaise with MOE to identify/initiate hygiene education in selected priority schools	On-going		
Intermediate Result 4.5: Strengthened systems, structures and services for marginalized, poor and underserved populations							
Expected Outcomes:							
	64			Identify OVC and facilitate the acquisition of birth certificates	On-going		
				Support CSI pilot and roll out	On-going		
				Support national and international events related to child survival and protection	On-going		
Intermediate Result 4.6: Expanded social mobilization for health							
Expected Outcomes:							
	66			Sensitization of religious and cultural leaders at county levels in regards to addressing cultural beliefs that hinder conventional health seeking behavior	On-going		

	66			Train RLs on stigma discrimination/HIV and AIDS and basic MNCH to improve their capacity	On-going		
	66			Support RLs to implement prevention interventions targeting small groups through outreach	On-going		

ANNEX III

ISIOLO SEXUAL NETWORKS ASSESSMENT
EXECUTIVE SUMMARY

Introduction / Background: Isiolo is a complex, small town in the very centre of Kenya. It lies at the northern entrance to the North. From the 1920's when the town was founded as the head-quarters of the Northern Frontier District (NFD), it attracted a mixed group of pastoralists, agriculturalists, administrators and business people. Its position on the edge of several large pastoralists groups grazing and watering points meant it was a crossroads for livestock exchange and sale from the beginning. It has also been, for years, a centre for missionary activities, and now split half Muslim and half Christian, the town can be described as both liberal in terms of many social behaviours, and highly conservative for others.

The story of HIV in this town has not yet been told. Overall, Isiolo County appears to have relatively low infection rates but we feel this is deceptive. The picture is almost certainly very mixed. There are some areas which appear to be experiencing their first wave of the epidemic – these are the newly settled in-migrants from other areas in northern Kenya or beyond, or the communities a short way out of town, or they are communities with very strict social norms around sexual activity outside marriage, but where HIV has now got a grip. Then there are other communities which may be two generations into the epidemic. There is a cemetery about five kms from the town centre which is about 2 acres in size and contains many bodies of those who died over the past 15 years – probably of HIV-related illnesses. The survivors of the epidemic are at continued risk of infection while they may also suffer from PTSD.

The aim of the study is to collect information that supports APHIAplus' development and implementation of evidence-based strategies for reducing risky behaviours. This risk is associated with sexual networks that are assumed to occur within Isiolo and may emanate from the town and penetrate into the interior of the upper Eastern Region and Samburu County in North Rift Valley.

The assessment includes information on risk behaviours, HIV literacy, transactional sex and concurrent relationships. It tries to establish both the most at risk groups and the most risky areas or locations where those individuals meet, hang out or negotiate their relationships. We want to understand the context and content of stigma in this socially/religiously conservative and yet fairly liberal community. Finally, the study provides basic information on which strategies might be effective in reducing risky behaviours associated with transactional sex in this context.

Methods: A multi-pronged design was used in this study. Methods include key informant semi-structured interviews, focus group discussions with school-going youths (over 18 years), a rapid targeted survey within the town's communities and up to 50km around. The methods are qualitative, as the nature of these questions and the context of this study dictate that these are likely to get more reliable and more useful information on how to effectively target interventions. Random selection of respondents was not advisable so a quasi-random sampling strategy is used in the high-risk hot spots and communities. This is dictated by few resources, but more importantly because the distribution of "risk" itself is not random across all areas or groups in Isiolo. These results are generalizable to the sample itself.

Results: A total of 766 individuals (50% male/female) were interviewed for this survey, using a structured questionnaire, which took about 45 minutes to administer. The respondents had a mean age of 27.5 years. While overall 22% had no education, 30% of the women and only 15% of the men reported no education at all.

Access to knowledge about HIV transmission is an important indicator of underlying knowledge of the epidemic and ability to take preventive action. Only 21% of the sample were able to name all of the correct modes of transmission, other responses were a mix of correct and incorrect ways the virus is transmitted. The myths that continue are that kissing, road accidents and mosquitoes can transmit HIV. A surprisingly high number continue to believe that condoms allow for the transmission of HIV (through small holes in their rubber).

Respondents were asked to list strategies for prevention and to assess their own and their friends risk of transmission in the next 12 months. Most can recite the standard prevention methods, with 64% of the men saying "always using a condom" and 42% of women saying the same. A high percentage said having only one partner (71% and 63% respectively) was a strategy. Only four men repeated the myth about sleeping with a virgin as a strategy for preventing HIV. Interestingly 12% of men and 15% of women said that requiring a partner to take the test for HIV was a strategy for preventing HIV infection. About two thirds of all respondents think their friends are at risk of HIV in the next year, but when this was applied to them the risk was lower: about half think they are at no risk. Their reasons for no risk are based on either that they have "only one partner" or nearly 20% of both genders are "not having sex these days."

As expected, a large proportion these adults in high-risk areas have had sex by 18. The mean age of sexual debut is 16, but this does not give the best picture of risk, as the youngest age for men and women is 7. In a separate analysis we looked at whether these men and women had heard about AIDS before being sexually active. It appears that about 13% of women and 10% of the men heard about AIDS at the same age as they report they were first sexually active. About 27% of women and 24% of men say they were sexually active before hearing about AIDS for the first time.

Twenty-one per cent of men say they have more than one regular partner which is the first indicator of considerable concurrency in this group. Eight per cent of women said the same. When asked if they always used a condom the response, as expected, is lower than at "last sex" among men and women we interviewed but is not insignificant. When asked about concurrency, 82% of men and 72% of women said it was common among their friends, and even when asked about themselves (i.e. had they ever had a concurrent relationship 45% of the men and 19% of the women said they had ever been in a concurrent relationship. These figures on "ever concurrent" should be compared to those who say they are now in a concurrent relationship. Transactional sex is common. Nearly three quarters of the sample knew people who trade sex for money or gifts, but only 10% of the men and 22% of the women said they did it.

For the sexually active men and women their reported use of a condom the last time they had sex was 30 and 20%. More singles or divorced individuals (between 53% and 35% respectively) used condoms at last sex, and over 14% of the married/cohabiting group.

The FGDs revealed considerable misconceptions, deceptions and risk behaviours are prevalent in this group of youth still in school. This matches what several of the key informants told us, who appeared to focus on the youth – both in and out of school. A number of interesting facts or opinions came from the KIIs and have, where they echo the survey respondents, been incorporated into the recommendations.

Selected recommendations:

1. Deepen awareness of transmission routes, from fluid exchange, through STI, rape, rough sex, viral load (risk related), PMTCT, groups most at risk, locations of risk etc…

2. Increase access to condoms – increase physical availability i.e. where condoms can be got free or very cheap.

3. Dispel myths about transmission routes, especially the casual contact myths, sharing utensils, kissing etc. (this will help with stigma). Dispel myths about condoms.

4. Focus on concurrency risk: this ranges from meaning, risk levels, probability of transmission through sexual networks, reduction of partners essential to reducing HIV risk in the community. Target all usual risk groups, but the young married partners are particularly vulnerable because of lack of condom use with second partners.

5. Increase VCT testing in all target groups, including moonlight testing and home testing and counseling.

6. Insert stigma reduction messages into all communication strategies, although stigma is dropping, some of the old stigmas are prevalent towards PLHA on ARVs who are perceived as spreading infection (even though they may be very low risk for actual infection).

7. Prevention with Positives (PwP)/treatment literacy must continue to be an important avenue for APHIA*plus*.

8. Build proximity of the epidemic: Most respondents report having known someone who has died of HIV-related illness and many of these are close friends/relatives: this awareness should be built upon.

9. Our data confirm that there are specific high risk locations where individuals meet such as the bars, hotels, market spaces, bus/matatu stages. This should all be targeted for HIV prevention interventions.

10. Location: there are locations or communities which have barely yet been touched by HIV programming. Most of the NGO work has been done in central Isiolo town and a few select communities around it. Areas such as Loroko has never seen anyone from a HIV-related program, other than an occasional mobile clinic. Other communities that have been particularly left out are: Game, Leparua, Daapa, Gambela, Chumviyere, and Akadeli.

11. Deepen or adapt school based programs: More could be done with students via existing/new clubs. Life skills must incorporate gender politics and discuss some of the current attitudes towards women.

12. Reach Parents: Work with schools, teachers, PTAs or School Boards to recommend that information about access to alcohol and drugs and CSWs be given to the parents of attending children. Work with local Radio show hosts to increase the conversations in home around HIV and treatment literacy.

13. Building upon the ARV program: Awareness and pride in the ARV program is a major positive element of the whole HIV program in Isiolo. It was mentioned by nearly everyone. Empowering the PLHA on treatment with more information will make them

into effective agents for reaching many groups – e.g. the school children were very insistent on wanting to hear from PLHA about HIV in general. These are excellent opportunities.

14. Private health care has been, and continues to be an important channel for many in this large community. There are many reasons behind this, but more work is probably needed to understand how more or improved relationships around public –private partnerships would enhance the HIV program in general.

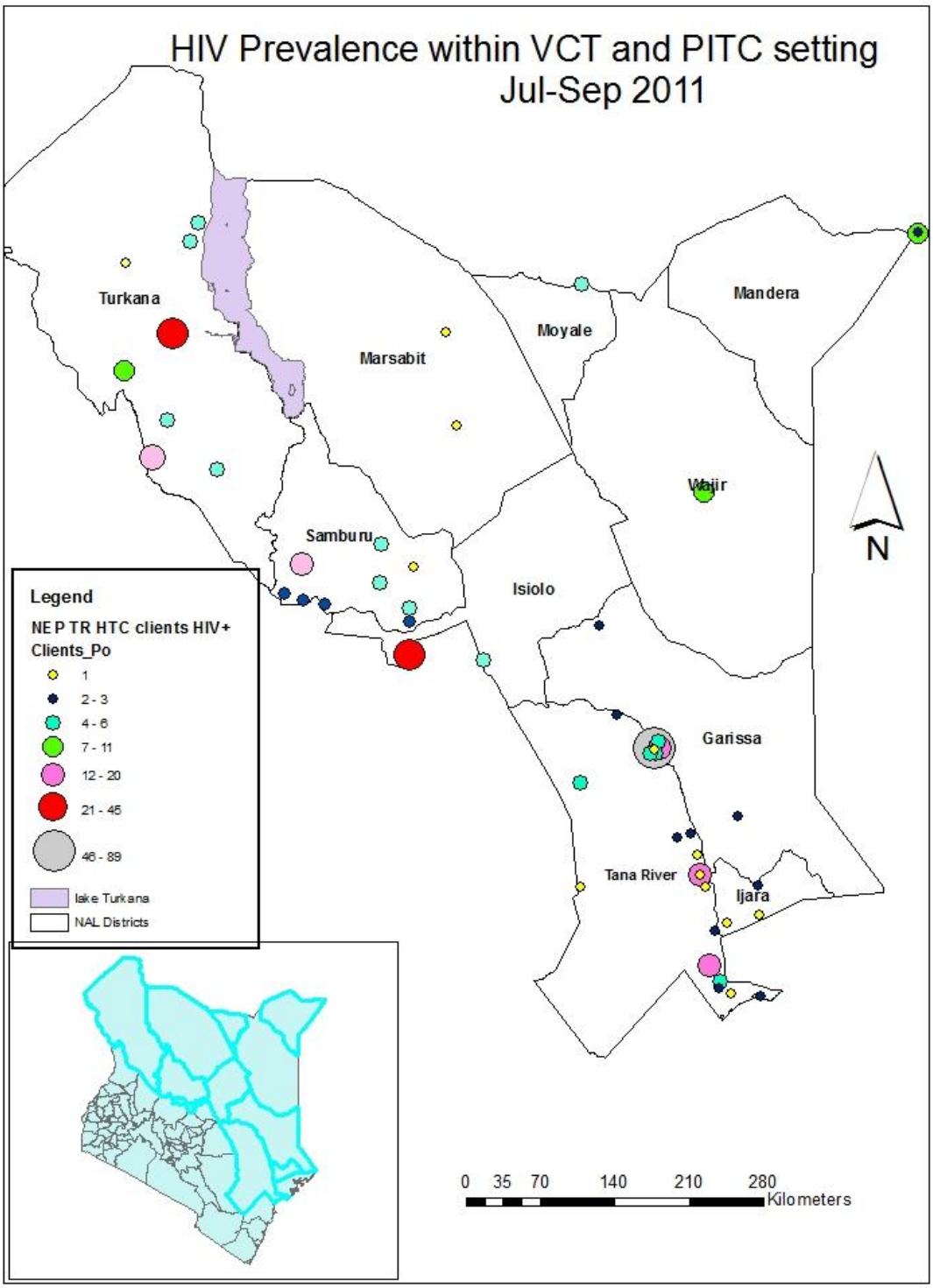
15. Trafficked girls (aged 8 – 12) are reported to be brought to Isiolo, controlled by pimps, and sexually exploited for older men. These need to be reported to the police.

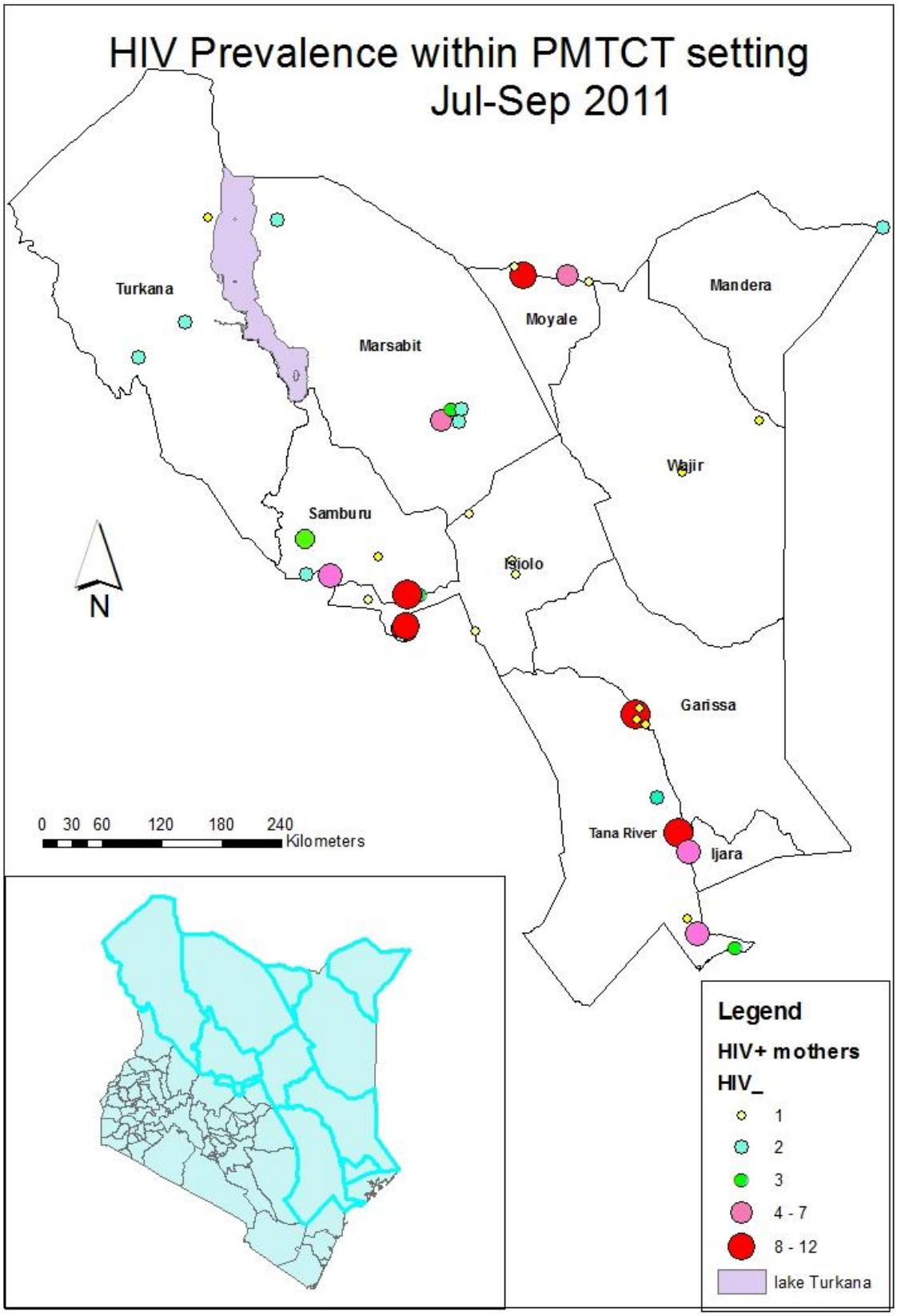
ANNEX IV

IMPLEMENTING PARTNERS ORGANOGRAMS BY SUB-REGION

ANNEX V

SPATIAL ANALYSES




HIV Prevalence within PMTCT setting
Jul-Sep 2011
Turkana
Marsabit
Moyale
Mandera
Wajir
Samburu
Isiolo
Garissa
Tana River
Ijara
N
0 30 60 120 180 240
Kilometers
Legend
HIV+ mothers
HIV_
1
2
3
4 - 7
8 - 12
lake Turkana